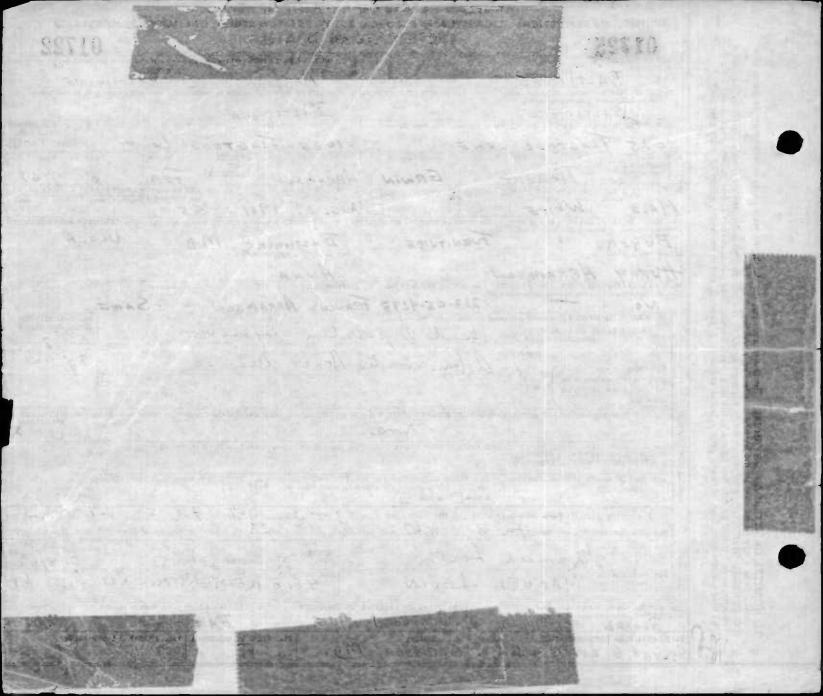
DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01726 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporote limits, write RURAL and give negrest town) write RURAL and give negrest town) Reisterstown Reisterstown d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS 100 Westminster Road 100 Westminster Road 3. NAME OF DATE First Middle DECEASED H. Albright Carrie February (Type or print) DEATH SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED birthdoy) Months Dec. 5. Female White DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired)
Housewife INDUSTRY Balto. Co. Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ragsadle George Hoover Anna IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unknown) (If yes give wor or dates of service) Miss. T. May Albright None Reisterstown. Md. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BE AND BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR

Conditions, if ony, which gave rise to immediate couse (o) stating the underlying cause

20a. ACCIDENT WAS UNDERLYING

Hour o.m.

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER

20c. TIME OF INJURY Month, Doy, Year

20d. INJURY OCCURRED

Nat While

at work

20e. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)

NAME OF CEMETERY OR CREMATORY

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

(City or town)

(County)

Balto.

Day

Doys

12. CITIZEN OF WHAT

USA

COUNTRY?

e. IS RESIDENCE ON A FARM?

YES NO.

19 67

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED? NO

(Stote)

Year

IF UNDER 24 HRS

saw the deceased glive an 257/ 22a. SIGNATURE

NAME (Type)

21. I certify that (I) (this hospital) attended the deceased fram

ot wark

and that death accurred at 65° M, from causes and an the date stated above.

ATTENDING

22b. DATE SIGNED STAFF

M.D. 22c. /PHYSICIAN'S

23b. DATE THEREOF

PHYS. 22d. ADDRESS DIRECTOR

PHYS.

23d. LOCATION (City or Town) (County) (State)

230. BURIAL CREMATION Burial (Specify) 24. FUNERAL DIRECTOR

2/16/67 Black Rock ADDRESS

Butler 2So. REC'D BY REGISTRAR

Md. 2Sb. REGISTRAR'S SIGNATURE

VR A15 (4) 20 M 1/66

filed

directar, page:

J. F. Eline & Sons

Reisterstown, Md.

DATE FEB

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offer by the f Pages papers. Pag hin 72 hours filled in pan ×. and completely n any event = lease and attending physician sermit. Then please remaval permit. 10 crematian, signed by the burial-transit p the be retained by the hospital ar attending physician. ficate has been s far use as the b i Health priar ta b this certificate d. letached Dept. be de State I TO FUNERAL DIRECTOR: After pe 3 shauld with the

the death certificate be executed within 24 haurs after

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ATTENDING PHYSICIAN: The law

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Page 4 may

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01727

CERTIFICATE OF DEATH

01724

PLACE OF DEAT O. COUNTY F	H BALTIMORE	MARYLAND	g. STATE	here deceased lived, if institution: Resident B. COUNTY	dence befare admission)				
write RURAL	N (If autside carparate limits, and give nearest tawn)	c. LENGTH OF STAY IN 16 59 DAYS		tside corparate limits, write RURAL and o	give nearest town)				
d. NAME OF HOS		in haspital, give street address)	d. STREET ADDRESS	LE	e. IS RESIDENCE ON A FARM?				
	NS ADMINISTRA	TION HOSPITAL	1011 West	Lanvale Street	YES NO				
3. NAME OF DECEASED (Type or print)	First THEO		Last LEXANDER	4. DATE Month OF DEATH FEBRUARY	Day Year 22 19 67				
S. SEX	6. COLOR OR RACE NEGRO	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH SEPTEMBER 23.	9. AGE (In yeors last birthdoy) Manths	ER I YEAR IF UNDER 24 HRS Days Hours Min.				
10o. USUAL OCCUPAT during mast af wark	ION (Give kind of work done ing life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. 8IRTHPLACE (County 8 CHARLOTTE	State, ar fareign country) 12.	CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME									
15. WAS DECEASED	A LEXANDER EVER IN U.S. ARMED FORCES? n) (If yes give war ar dates of	service	INFORMANT CLINICAL RECO	VA HOSPETAL	MARYLAND				
	18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) BILATERAL PNEUMONIA								
rise to immed	ony, which gove intercourse (a), derlying cause	BROCHOGENIC CARCI	AMON		MONTHS				
PART II. OTHER		NTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES, NO				
OR CONTRIBUTI	WAS UNDERLYING □ ING □ CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in P	'art I ar Part II of item 18.)					
20c. TIME OF I	INJURY Manth, Day, Year o.m. p.m. 19		ACE OF INJURY (Home, farm, ctary, street, affice bidg., etc.)	20f. (City or town) (County) (State)				
21. I ce sow the	21. I certify that My (this hospital) attended the deceosed from DEC 26, 19 66, to FEB 22, 19 67 that M (we) lose sow the deceased olive an FEB 22 19 67, and that death occurred at 1115PM, from couses and on the date stated above								
	220. SIGNATURE M.D. ATTENDING MED. STAFF 22b. DATE SIGNED 2/23/67								
22c. PHYSICIA NAME (Ty	(Pe) SHELDON I	E. KALMUTZ, M. D.	VAH FORT	HOWARD, MARYLAND)				
23a. BURIAL, CREMA REMOVAL (Spe BURIA	ation, 23b. date ther city) 2/27/			23d. LOCATION (City or Town) Baltimore, M	(County) (State)				
24. EUNERAL DIREC		RICE FUNERAL F	OME: 250. REC'D	BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE				

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, ar remayal, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

ULA	(46)		Ttom	O E CERTIFICA	1 / 25 / 2017)			01725
1. PLACE OF	FOEATH				1 2. USUAL RESIDE	NCE (Where deceased I	ived, If institution:	: Residence before admissi
e. ÇOUNT		timore		Manusala	e. STATE		b. COUNTY	
b. CITY (te limits.	MARYLANO c. LENGTH OF STAY IN 1b		ryland	Ilmits, write RUR	AL and give nearest tow
write		(If outside corpora nd give nearest to	wn)					n
d BIABAC		nsville	ONL CC	l l year		more City		30-11
u. NAME	OF HUSP	TIAL UK INSTITUTI	JON (IT NOT	in hospital, give street eddress	d. STREET AOORES	S		e. IS RESIDEN
Ridge	Way	Manor Nur	sing	Home	1245 E.	Belvedere A	Ave. 2121	2 YES NO
3. NAME OF DECEASE	-	F	Irst	Middle	Last	4. DATE	Month	Day Year
(Type or	print)	GERTRUD	E	н.	ALLEN	DEATH	Februar	v 20 19 67
5. SEX		6. COLOR OR RACE		IEO NEVER MARRIED	8. DATE OF BIRTH	9. AGE	(In years LIFUNO	FR 1 Y FAR II F UNDER 24 H
Femal	e	White	WIDOW		June 13, 1	801 76 7	Months	B Days Hours Mi
		ON (Give kind of work	1	b. KINO OF BUSINESS OR		County & State, or fore	yrs. inn country) 12.	CITIZEN OF WHAT
Juring most	of workin	g life, even If retire	ed)	INDUSTRY				COUNTRY?
Secre			I H	ospital	Baltimore		U	I.S.A.
					14. MOTHER'S MA	IDEN NAME		
Danie						Sauter		
15. WAS OEC	EASED EV	ER IN U.S. ARMED FO	ORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT		Address	
No		If yes give war or dates	or service)	214-14-3545 J	ames F. All	en 1245 1	E. Belved	lere Ave.
1 18. CAU	USE OF OF	ATH [Enter only or	ne cause p	er line for (a), (b), and (c).]				I INTERVAL BETWEE
		TH WAS CAUSED BY	/ :	Caroline 0 -	1	1		ONSET AND DEATH
0	201	IMMEDIATE CAUSE	(a)	Court au	nemor	(Charles)		-
33	34.1	OUE	TO					1111
		ny, which mmediate	(b)					
		ting the OUE	TO					
	ng cause		(c)					
PART II.	OTHERSI	GNIFICANT CONOITI	ONS CONTI	RIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE CONDITION	GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMEO?
5								YES NO
PART II. (20a. ACC OR CONT	CIDENT W	AS UNDERLYING	20t	OESCRIBE HOW INJURY OCC	URRED. (Enter nature	of Injury In Part I or	Part II of Item	18.)
OR CONT	ER, NOTI	G ☐ CAUSE OF OE? FY MEOICAL EXAM!	NER)					
		JURY Month, Day,		d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home,	farm, 20f. (City o	r town) (C	county) (State)
	our a.m.		W	hile - Not While - fact	ory, street, office bldg.,	etc.)		
	p.m.	19		work at work	122	44		1
21. I	certify	that (I) (this hos	pital) atte	ended the deceased from_	1 km	1960 to 20		√7, that (I) (we) la
		ased alive on	197	1967, and the	at death occurred at	4450M, from the		the date stated abou
22a. \$1	IGNATURE	100	1	m.r	ATTENDING	MED OT		OATE SIGNED
	NI	len c	ody	nan, MD M	D. PHYS.		AFF YS.	
22c. Ph	HYSICIAN AME (Typ	'S		/	22d. AODRESS			
N/	wite (1 Ab	Dr. Wil	1iam	Goodman	1334 Su	lphur Spri	ng Road	21227
23a. BURIAL	L, CREMA	TION, 23b. OATE	THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATIO	N (City, town or	county) (State)
Buria	/AL (Spec	2-23-	67	St. Johns Ch	urch Cemeto	ry Iona C	reen D	taltimore Co
24. FUNERA			07	ADDRESS	25a. R	EC'D BY REGISTRAR	25b. REGISTRA	Saltimore Co AR'S SIGNATURE
							2001	may Judo
MIII. C	OOK-I	Brooks Inc	•	1217 St. Paul	Street OATE	FEB 27 191	D/	The Marie

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C. William Shows and C. 23% Julius S Time Road and Fire 2

HEALTH DEPT.

director. Page r your files. ecessory, please TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is execute the cert are, writing the word "pending" in pendit in Item 18. Give Pages 1, 2, and 3 to the funer 4 should be for 18 do the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain TO FUNERAL DIN. FOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01729	M	DICAL	EXAMINER'	S CERTIFIC	ATE OF	DEATH	Reg. Dist. No	01726
1. PLACE OF DEATH o. COUNTY B	altimora		MARYLAND	2. USUAL RESIDENCE OF STATE	E (Where dece	b. COUNT		fore admission)
ged give regrest fow	If outside corporate limits, write Point	• RURAL	c. LENGTH OF STAY IN 16		N (If oulside co	rporote limits, write	RURAL and give no 21224,	earest town)
d. NAME OF HOSPI	E. Balti			d. STREET ADDRE	55 608 Fc	ster Av	A.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	THOMAS		Middle FRANCIS	ALLEN, Jr	4. DATE OF DEATH	Mani		Yeor 19 60
5. SEX	6. COLOR OR RACE	7. MARRIED		July 3.0	.1922	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	
10o. USUAL OCCUPAT during most of work Seamu 13. FATHER'S NAME	ON (Give kind of working life, even if retired) RN OMAS F.	Ber	nd of Business or Industrated Shipp.	IRY 11. BIRTHPLACE (S. New 14. MOTHER'S MAID!	York EN NAME	1 100 000	12. CITIZEN OF	S.A.
Yes, no, or anknown) Yes 18. CAUSE OF DE	VER IN U. S. ARMED FO Iff you give wor or deles of We We ATH [Enter only one county	II 72	20-10-7279	Ann Henr	ici 99	Arcadi	Rd N. J.	VAL BETWEEN T AND DEATH
Conditions, if gave rise to imme (a), stating the couse tast.	IMMEDIATE CAUSE (o DUE TO ony, which adiote cause)	ar	lerosch	erotie	Hears	+ Di	seas	
PART II, OT	HER SIGNIFICANT CON	CONTINUE CON	etributing to death but it	NOT RELATED TO THE T	ERMINAL DISEA	SE CONDITION GIV		P. WAS AUTOPSY PERFORMED? YES NO
	USE WAS DINTRIBUTING []	Db. DESCRIBE	HOW INJURY OCCURRED. (Enter nature of injury in	Port 1 or Port 1	1 of item 18.)		
20c. TIME OF INJU		While	JURY OCCURRED 20e. PLA Not white at work	CE OF INJURY (Home, ory, street, office bldg.,	form, 20f. (Ci	ty or town)	(County)	(Stote)
			mains described abo		, Homicide		Inquiry [],	and in my
EXAMINER'S NAME (Type)	Theodore	C. F	atterson	ASSISTANT ME DEPUTY MEDIC	DICAL EXAMINER			2/3/4/
REMOVAL (Specify	2-7-67	OF 2	St. John	es Cemet	ary, L	ong Isla		(Store)
Charles is:	R'S SIGNATURE Luler	6224 5a1	Eastern Av	Z4g. I	FEB	7 1967	STRAR'S SIGNATUR	

MARY EARLY STATES BANKER'S CERTIFICATE OF DEATH

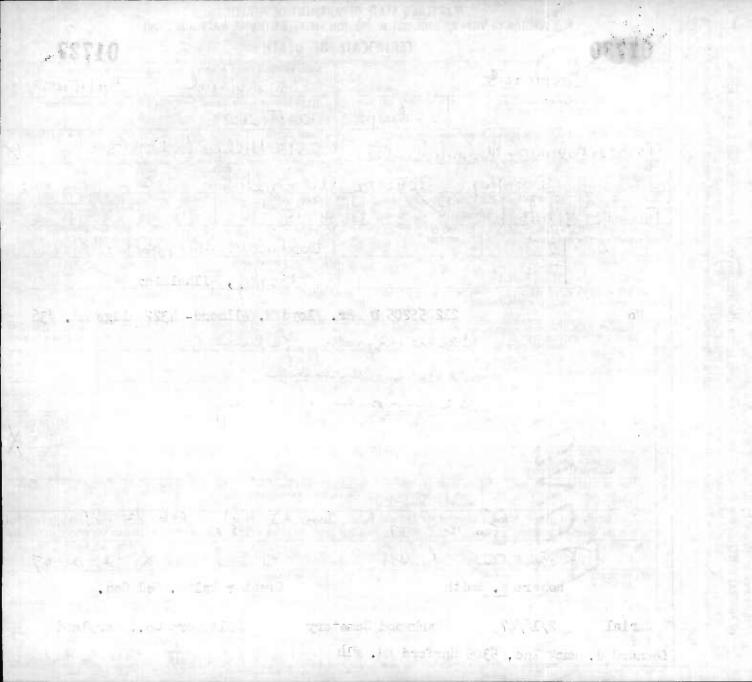
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours ofter deoth. Page 4 may be retained by the hospital or ottending physicion.	A TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 should be detached for use os the burial-transit permit. Then place remove corbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or remover, and in any event, within 72 hours after death.	
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VR 25	A15 (4) M 1/67	5

01730	CERTIFICATE	OF DEATH		01727
1. PLACE OF PEATH Baltimore.	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Mary	A 6 COUNT	on: Residence before admission) TY BAI THU VY
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16 26 days	C. CITY OR TOWN (If ourside BATTILLU		AL ond give neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital Preater Baltiwars Wed)	l, give street oddress)	d. STREET ADDRESS 2515 Hil	lford, Dn	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Dor 0 Hry	alterta	allmond	DATE Month OF 2	- 12 1967
s. SEX 6. COLOR OR RACE 7. MARRIE Foundle Whits WIDOWE	D DIVORCED	3. DATE OF BIRTH 799	9. AGE (In years last birthday) (o) Yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
during most of working life, evan if retired)	KIND OF BUSINESS OR INDUSTRY		3, Mary and	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME W. W. J. Pitter. 15. WAS DECEASED EVER IN U.S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. II	14. MOTHER'S MAIDEN NAME BOTT 3 NEORMANT	Wilhelmina	
(Yes, no, or unknown) (If yes give war or dates af service)	212055205 D Mr	Floyd M. Al	Addres Lmond- 1,322	Ridge Rd. #36
18. CAUSE OF DEATH (Enter only one couse per lipe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove)	andis respired	my failu		INTERVAL BETWEEN ONSET AND DEATH
rise to immediate couse (o), stating the underlying couse last.	accinoma	of ovar	y.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION	ON PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I	or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19 of w	ile Not While focto	E OF INJURY (Home, form, pry, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that (I) (this haspital) atte			M, fram causes of	12, 19 67 that (I) (we) last ond on the date stoted obove
220. SIGNATURE Robert Wi	Swith M.D	ATTENDING MED. PHYS. DIRE	CTOR D STAFF PHYS.	22b. DATE SIGNED 2-12-67
NAME (Type) Robert W. Smi		Greate	r Balto. Med	
230. BURIAL (REMATION, REMOVAL (Specify) Burial 2/16/67 24. FUNRAL DIRECTOR	23c. NAME OF CEMETERY OR C Parkwood Ceme ADDRESS		23d. LOCATION (City or Tow altimore Co	, , , , , , , , , , , , , , , , , , , ,
Leonard J. Ruck Inc. 5305			1 4 1967 A	Clearles Judge



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

01728

07127	CERTIFICAT	E OF DEATH			1728
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE a. STATE		, If institution: Re	esidence before admission)
b. City OR TOWN (if outside corporate limits,	MARYLAND	MARKE	CHAI	PAL	FIMORP
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate ilm	Its, write RURAL	and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not I	n hospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE
G. B. M. C.		5002 B	eLAIR R	oad	DN A FARM? YES NO NO
3. NAME OF First	Middle	Last	4. DATE	Month	Day Year
(Type or print) CharLe	SB	Appler	OF DEATH	2	5 1967
5. SEX 6. CDLOR DR RACE 7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In		YEAR IF UNDER 24 HRS.
MALE CAU WIDOW		4-1-190:	2 64	yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	D. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Co	ounty & State, or foreign	country) 12. Cl	TIZEN OF WHAT
1 itto condia	et-litho (o.	BALTIMO		U.	S,A,
Charles lee A	ppler	(athering	Rhy		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY ND. 17.	INFORMANT	11 12 4	Address	
(Yes, no, or unkown) (If yes give war or dates of service)	212-01-2524 9.	loria E. App	oler -5002 E	Belair Ro	pad-21206
18. CAUSE OF DEATH [Enter only one cause pe	er line for (a), (b), and (c).] -	-/	(.0)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Xespora	torrel 7	Tillere		ONSET AND DEATH
Conditions, if any, which	Course	6	Line	St.	1 4R
gave rise to immediate	- James	7	of any		
cause (a), stating the DUE TO underlying cause last.	¿ milus	tack.	0		
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIV	/EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury in Part I or Pa	rt II of Item 18.)	
		CE OF INJURY (Home, fa		own) (Cour	nty) (State)
Hour a.m. Wh	ile Not While Tacto	ry, street, office bldg., et	(c.)		
21. I certify that (I) (this hospital) atte		eb 15+ 15	169 to Feb	5 1961	Z, that (I) (we) last
saw the deceased alive on		death occurred at	33AM, from the ca	uses and on th	e date stated above.
22a. SIGNATURE	- /				TE SIGNED
7/ au	M.D	. PHYS.	MED. STAFF PHYS.	X 2	-5-67
22c. PHYSICIAN'S NAME (Type) DAUNDO	KARRANIGA	22d. ADDRESS	7. B. H.	le.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	1 0 1	23d. LOCATION (C	ity, town or cou	nty) (State)
Burial, 2-8-67		orial Park	Balt	imore, Mr	ryland
24. FUNERAL DIRECTOR MILLS	ADDRESS 6415 B	elair Rd. DATE	de-1-	367 REGISTRAR'S	SIGNATURE
1	JUL . VIIS N	C. OLIVER THE STATE OF THE STAT	7	The state of	The same

VR AI5 (4) 20M I/65

G.B. M.C.

Charles B MALE CAU

Charles Lee Appler "Kirby

SOUZ BELAIR ROAD

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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meral deoth		PLACE OF DEATH			deceosed lived, if institution: Residen	ce before odmission)
by the funeral Pages 1 and aurs after death		O. COUNTY BALTIMO	RE MARYLAND	O. STAKE ARYL		Limore
aft the ages s aft		b. CITY OR TOWN (If outside corporate lim write RURAL and give nearest town)	[[7 .]	c. CITY OR TOWN (If outside	corporate limits, write RURAL and give	e nearest tawn)
haurs after by the fu s. Pages 1 haurs after		PAUTIMORE	1 days	BALTIN	nore MAR.	VLANDO31
t ho in ers. '2 h		NAME OF HOSPITAL OR INSTITUTION (IF	00 1 1 / VVI	d. STREET ADDRESS	1 +1	e. IS RESIDENCE ON A FARM?
rin 24 ho filled in papers. Thin 72 h	4	Reater BALLIN	DRE Medicableion	12915 CON	IROY COURT	YES NO 🔀
res that the death certificate be executed within 24 haurs after death sician. led by the attending physician and campletely filled in by the funeral al-transit permit. Then please remave carban papers. Pages 1 and al, crematian, ar remaval, and in any event, within 72 haurs after death	3.	NAME OF DECEASED (Type or print) Bhanche	Winifeed ARI		DATE Month OF DEATH	Day Year 9 19 67
mpl mpl /e c	S.	SEX 6 COLOR OR RACE	7. MARRIED NEVER MARRIED	. DATE OF BIRTH	9. AGE (In years IF UNDER lost birthdoy) Months	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
execute and camp remave any eve		FLAU	WIDOWED DIVORCED	2/10/03	6 3 yrs.	Doys Hours Mill.
and and rem	100	. USUAL OCCUPATION (Give kind of work don	e 10b. KIND OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (County & Stot	e, or foreign country) 12. (1)	TIZEN OF WHAT
sicion plege	401	ing most of working life, even if retired)	Saleslady	MARION,	9' 0	024
4	13.	FATHER'S NAME	11.	14. MOTHER'S MAIDEN NAME		
th certif		TAUL WEN	debIN.	18/1	CR	
se death certifi attending phy permit. Ther ian, ar remava	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES s, no, or unknown) (If yes give wor or dote:	of service)	NFORMANT +	Address	
attendi permit. an, ar ra		Ko	516-05-6853	TATIEN!	SUNTRI	
that the d an. by the att transit per crematian,		IB. CAUSE OF DEATH (Enter only one of PART I. DEATH WAS CAUSED BY:	(10 Along to the it	lougalisa		ONSET AND DEATH
s that the cian. d by the -transit cremat		IMMEDIATE CAUS		unevinoge		
res rsicion red ral-trial-trial-trial, c		Conditions, if ony, which gove)	ETO HELLON MAGICI COPI	Till 11HTH. W.	Lastron	link
physic physic signed burial burial		rise to immediate couse (a),	(b) MIMOVINAGES CICL	no will ro	1	wit.
w re ling sen the r to		stoting the underlying couse last.	(c)		U	
e la tend is b as as pria	_	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITIO	ON GIVEN IN PART 1(0)	19. WAS AUTOPSY
AN: The cate had cate had far use Health	CERTIFICATION					PERFORMED? YES NO
IAN: That are all are at ficate he far use Health	TIFIC	20o. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I	or Port II of item 1B.)	
T+ T +		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
G PHYSIC the haspi this cert detached detached	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor		E OF INJURY (Home, farm,	20f. (City or town) (Co	unty) (Stote)
	WE	Hour'o.m. p.m.	While Not While of work of work	ory, street, office bldg., etc.)		
After After State			spital) attended the deceased fram	2/3 , 19_6	7, to 2/9, 19	6), that 🕼 (we) last
ATTENI estained CTOR: / shauld ith the		saw the deceased alive on_	2/9 19 67, and that	death occurred at Z.	304M, from causes ond an t	
		22a. SIGNATURE	0	ATTENDING MED.	STAFF STAFF	ATE SIGNED
		22c. PHYSICIAN'S	. rugue M.D	PHYS. DIREC	CTOR PHYS.	17/6/
may be may be riled be filed			AN L. ROQUE	68	Mc. Balto	21204
Z 4 = 0 D	230	. BURIAL, CREMATION, 23b. DATE T	HEREOF 23c. NAME OF CEMETERY OR (REMATORY . 2	23d. LOCATION (City or Town)	(County) (Stote)
Page direct shaul		REMOVAL (Specify) Burial 2-11-		etery	Baltimore, Co.	(County) Md (Stote)
VR A15 (4)	24	FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY		
AK WID (4)	- 00	1 1/ 7/	1 7 12//-	1 A -	R 1 / 1007 Mil	10 0

COVERED TO STORES 2 1 - 16 Low Want O 7 Political make It street free with the and the Minister of the Minister of the Prince of the Prin 24 The Commission of the Park TOWN THE MENT OF THE PROPERTY WITH CONTROL EXPLOYED THE the first Paramod Compley Delbinary, No. 10.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

death. the funerol haurs = and in ony event, within 72 filled i carban ond completely remove physician on please burial, crematian, or removol, ottending p signed by the burial-transit p been as the prior to b the hospital or attending hos Health for use r this certificate had detached for use After pe be retained by FUNERAL DIRECTOR:

deoth.

hours after.

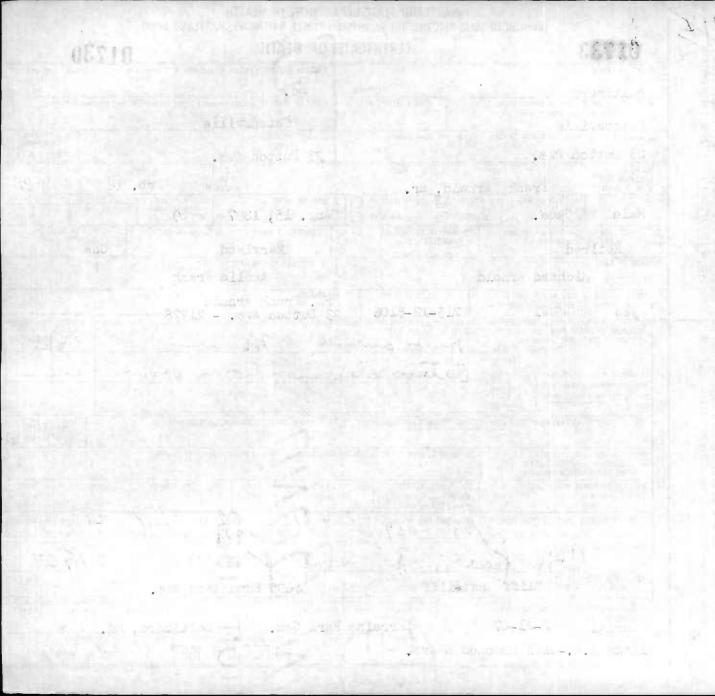
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OR ATTENDING PHYSICIAN: The low requires that the death

director, page 3 0

VR A15 (4) 25M 1/67

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) o. COUNTY b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give negrest tawn) Catonsville Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 00 23 Dutton Ave. Dutton YES NO T Ave. NAME OF Last 4 DATE Year DECEASED 67 Feb. 18 (Type or print) Frank Arnold DEATH 19 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours Mala Aug. 15, 1897 Cauc. WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Retired Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard Arnold Amelia Frank 17. MEORMANE rank Arnold 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war or dotes of service) 215-12-81.08 Dutton Ave. - 21228 IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) 420 DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO C 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) ot work ot work 21. I certify that (1) (this haspital) attended the deceased from. 1967, that (1) (we) last 193 7 ta and that death accurred at 2.22 M, fram causes and on the date stated above. sow the deceased olive on_ 22o. SIGNATURE M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 4605 Edmondson Ave. NAME (Type) 23o. BURTAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Lorraine Park Cem. Baltimore Md. Burial 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Witzke F.D.-4101 Edmondson Ave.



FOR STATE HEALTH DEPT

jo

director. Page or your files.

TO DEPUTY X DICAL EXAMINER: This certificate should be executed within 24 hours after death. If any polay is necessed please exect. It is certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the final director. Please exect. It is a should be certificate, writing the word "pending" in pencil in Item 18. Give Pages 5 may be retained by your file to be considered to the Chief Medical Examiner's Office along with feeting PM3. Page 5 may be retained by your file to be considered agent, prior to burial, cremation, or removal, all or many event within 72 hours after death.

VR A15ME SM 1/62

01734

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01731 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

.	1. PLACE OF DEATH +	O TRANSPORTED TO A STATE OF THE	
	e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If insti e. STATE b. COUNTY	fution: Residence before edinission)
	Baltimore MARYLAND	MA COMP	
	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RU	JRAL and give nearest town)
	write RURAL and give necrest town)		
		- J. SIREE Rural - Eldersburg	66-2
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
5	Dallian Control	5 Rolling View Drive	YES NONE
	Baltimore County General Hospital	Lest 4. DATE Month	Dey Yeer
	(Type or print) Richard S Ash	OF	
	TOTOLICA D. ASIA	DEATH Feb.	3, 1967 19
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF L	
	Male White WIDOWED DIVORCED	lest birthdey) // yrs.	onths Deys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY	6/1//19/1	12. CITIZEN OF WHAT COUNTRY?
- 1	done during most of working life, even if retired)	A DINTH EXCE (SIGN OF FOTOIGH COMMITY)	12. CHIZEN OF WHAT COONING
	Reproduction Mgr. Blue Printing	Raltimore Md	U.S.A.
- 1	13. FATHER'S NAME	Baltimore Md.	
	Richard H. Ash	Dantha C Olina	
		Bertha S. Cline	
П	(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	VOOLETZ VOOLETZ	Eldersburg, Md.
-1	No 215-05-8322 Mr	s. Alice M. Ash-5 Rolling Vi	lew Drive
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	,	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	und of Head	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	00104 07 17-01,	2 mins
	DUE TO TO A TO A	1000 and	1 -11.11
	Conditions, if any, which (b) menual ways	ression	6 mor
	geve rise to immediate cause		
	(e), steting the underlying DUE TO		
-1	(c)	T DEL ATED TO THE TERMINAL DISEASE CONDITION CIVEN I	IN DART WALL TO WAS AUTORSY
2	E	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	PERFORMED?
0	3		YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH 206. EXTERNAL CAUSE WAS CAUSE OF DEATH 207. ALERO ALE TOTAL 208. EXTERNAL CAUSE WAS CAUSE OF DEATH 208. EXTERNAL CAUSE WAS CAUSE WAS CAUSE OF DEATH 208. EXTERNAL CAUSE WAS CAUSE WAS CAUSE	nter nature of injury in Pert I or Pert II of item 18.1	1.
-	E PRIMARY Nor CONTRIBUTING Deceased Took a 32	7-30 markin suflet shot his	mself
			-
П		CE OF INJURY (Home, farm, ' 2Df. (City or town) ry, street, office bldg., etc.)	(County) (State)
		one Syphorelle	Garsou ma
	21. I certify that I took charge of the remains described above, hel	d an Autopsy . Inspection . Inquiry	and in my opinion
			personal section of the section of t
	death resulted from: Natural causes, Accident, Suicident,	de 💢. Homicide 🔲. Undetermined mann	ier
	09/	CHIEF MEDICAL EXAMINER	
П	SIGNATURE D. D. Caples	A D ASSISTANT MEDICAL EXAMINER	DATE SIGNED
		DEPUTY MEDICAL EXAMINER	A 5-127
	NAME (Type) Report Solowo M	. A.	7-3 61
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	Address (Street, city, town, or county)	2017
	REMOVAL (Specify)		country) (Stele)
	Burial 2/6/67 Lake View Memor	rial Cemetery Liberty Rd.	Md.
	23. FUNERAL DIRECTOR ADDRESS	24e. REC'D BY REGISTRAR 24b. REGISTR	AR'S SIGNATURE
	Loring Byone 9729 Tiberty Dd Dand 22	m. Md. DATE FFR 7' 1967 A	Charles Judge
	Loring Byers-8728 Liberty Rd. Randallstow	m. Md. DATE FEB (1301 /	10

1 M

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01735
CERTIFICATE OF DEATH
01732

1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. COUNTY BACTIMORE MARYLAND	ARYLAND BACTINORE.
b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
write RURAL end give nearest town)	7
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS BACTO, MD. 21204 o. IS RESIDENCE
	Out Durant Van Con A FARM?
GREATER PALTO. MEDICAL CENTER	794 JOHNEY VALLEY NO. YES NO.
3. NAME DF DECEASED First Middle BAV BA	Last 4. DATE Month Day Year
(type of print)	RNAARD. DEATH TEB 4 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. last birthday) Months Days Hours Min.
Female white WIDOWED DIVORGED	9-25-95 Toleranday) Months Days Hours Min.
10a. USUAL OGGUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLAGE (County & State, or foreign country) 12. GITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	WOODBRIDGE, N.J. COUNTRY?
HOMEMAICER 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ROBERT GILLIS	*
7-0701	DONNOLLY
15. WAS DECEASED EVER IN U.S. ARMED FORGES? (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT HAROLD BARNHARD Address
	13 CHAT. Ameas#2
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	- Lalune & Curriou Interval Between
PART I. DEATH WAS CAUSED BY: IMMEDIATE GAUSE (a)	A CONSEINED BAIN
5811 DUE TO	of selver
Conditions, If any, which	
gave rise to immediate	
wadowlala a stating title	the state of the s
	TED TO THE TERMINAL DISEASE GONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
PART II. OTHER SIGNIFIGANT GONDITIONS GONTRIBUTING TO DEATH BUT NOT RELA OR GONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PART II. OTHER SIGNIFIGANT GONDITIONS GONTRIBUTING TO DEATH BUT NOT RELA 200. AGGIVENT WAS UNDERLYING TO DESCRIBE HOW INJURY OGGU OR GONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	C CERPORMED!
20a. AGGIVENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OGGU	PDED (False No. 18) YES NO.
S (IF EITHER, NOTIFY MEDICAL EXAMENE)	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI 4 facto	GE OF INJURY (Home, farm, 20f. (Gity or town) (Gounty) (State) ry, street, office bidg., etc.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While at work at work	7,0000,0000
21. I certify that (I) (this hospital) attended the degeased from	14N 1967 to Hel H 196 & that (1) (we) last
saw the degeased alive on Feb 4 19 62 and that	death oggurred at 2 M, from the causes and on the date stated above.
22a. SIGNATURE	22b DATE SIGNED,
Vie chang M.D	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
22c. PHYSIGIAN'S	22d. ADDRESS
NAME (Type) COOK O A CHANG	GBMC
23a. BURIAL, GREMATION, 23b. DATE THEREOF 29c. NAME OF GEMETERY	OR CREMATORY 23d. LOCATION (Gity, town or county) (State)
REMOVAL (Specify)	
Burial Feb. 7, 1967 Cloverleaf Par	rk Cemetery Woodbridge, New Jersey
1050 TOTK ROAD	EED 6 ADOZ MAI O
Wm. Cook-Brooks Towson, Towson, Maryland	21204 DATE FLD 1001

BATTHEE HARRING BARTHERE I day Tower, BATO, NO 21804 TOWSKIN LIECT Gennez Biero Herrethe Center Port Dumer Hear Ro. 1944 Bacilanes Tess 4 warned 8-25-95 Tenals white WOODBURSE, N.J. 45. Acuemages X... ROBORT GULLIS DOMNOLLY Tr's Chiner Lagunge is comben Lever

Turil. J. 1911. 7 1927 GROTEFICEE Park Comerces Resident For Tology.

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1832 Virte Rose Tology Tology and 2 2004

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0	1736			CERTIFI	CATE	OF DEATH			01	733	
	E OF DEATH DUNTY:	Baltimore		MARYL	AND	2. USUAL RESIDENCE o. STATE	(Where dece	eosed lived, if institution b. COUN	TY _	e before odmission)
W	rite RURAL and	If outside corporate limits, If give nearest town) SVILLE AL OR INSTITUTION (If not in I		c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If o		orote limits, write RUR	AL ond give	30-4	N.C.C
d. NA		in the Pines		onsville		d. STREET ADDRESS	land;	Avenue 2	1206	e. IS RESIDE ON A FAR YES N	RM?
	ASED or print)	First John		Middle L		Lost Barr	4. DATE OF DEAT	11	uary		67
s. sex	le		MARRIED [NEVER MARRIED DIVORCED		DATE OF BIRTH		9. AGE (In yeors lost binthdoy) yrs.	Months 1	Doys Hours	Min.
during m	IAL OCCUPATION lost of working et.	(Give kind of work done life, even if retired)		OF BUSINESS OR STRY Enginee	er	11. BIRTHPLACE (Count Washingto				IZEN OF WHAT UNTRY? U.S.A	Α.
13. FAT	HER'S NAME	John Barr				14. MOTHER'S MAIDEN	NAME	Unknown			
1S. WA (Yes, no	S DECEASED EVE , or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of serv	16. SO 23L	CIAL SECURITY NO. 4-05-0031		FORMANT Preston Ba	rr 59	Addres		6 venue	
	CAUSE OF DE	ATH (Enter only one couse pe TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	r line for (o), (b), ond (c).)	en	none				INTERVAL BETWOONSET AND DE	ATH
rise	to immediat	e couse (o), (DUE TO	Artin	realistic	Can	dig-Yes	ulas	Diseas	اسا	1032'	
PAI	RT II. OTHER SI	GNIFICANT CONDITIONS CONTR	IBUTING TO	DEATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE CO	ONDITION G	IVEN IN PART 1(0)		19. WAS AUTOP PERFORMED YES N	
OR (IE	CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	CURRED. (Enter noture of injury in	Port I or F	Port II of item 18.)			
MEDICAL 200	. TIME OF INJU Hour o.r p.r	10	20d. INJU While of work	Not While		E OF INJURY (Home, for ry, street, office bldg., etc		. (City or town)	((Cot	unty) (St	tote)
	saw the d	fy that (I) (th is hospita eceased alive on			fram_ nd that	6 - 24, death accurred a	1966 10 P	, ta <u>2 - 16</u> M, fram causes (and an tl	he date stated	re) las abov
	o. SIGNATURE	m R. Jall	ages	As.	M.D	11113	MED. DIRECTOR	STAFF PHYS.		ATE SIGNED	
22	NAME (Type	Wilmer K. G	alla	ger, sr.		6209 Fres	derie	& Bra-Be	12.2	1228, m	8.
RE	IRIAL, CREMATIC) 000 701		23c. NAME OF CEMET				LOCATION (City or Tov aynesboro	vn)	(County) (Sto	a.
24 517	NEPAL DIPECTO	D		223QddA	1 -	250 PF	"D BY REGI	STRAR 256 REG	GISTRAR'S S	IGNATURE	

FEB

DATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. af Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death VR A15 (4) 20 M 1/66

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	01737			CERTIF	ICATE	OF DEATH	,		01	734	
	PLACE OF DEATH o. COUNTY	Baltimore		MARY	LANO	2. USUAL RESIDENCE (W o. STATE Mary	here deced	I count		e befare admissi	an)
	Fort H			c. LENGTH OF STAY II		c. CITY OR TOWN (If out Balti			AL ond give	30-4	
		AL OR INSTITUTION (If nat in				d. STREET ADDRESS				e. IS RESI ON A F	OENCE ARM?
		s Administra	tion l			2446 W.		imore Str			Кои
	NAME OF DECEASED (Type ar print)	First JOHN		Middle ROLAND		BASS	4. DATE OF DEATH		RY :	26 196	67
	Male	Colomba	. MARRIEDX WIOOWEO	NEVER MARRIEO OIVORCEO		7/24/15		9. AGE (In years Last birthdoy) 51 yrs.	Months	Oays Haurs	Min.
10a dur	ing most of warking	(Give kind of work dane life, even if retired) Driver		NO OF BUSINESS OR DUSTRY Lal Securi	ty	Norfolk, V		0 17		IZEN OF WHAT INTRY? S.A.	
13.	FATHER'S NAME					14. MOTHER'S MAIOEN N	AME				
		JOHN R. BAS				ANNIE					
	WAS DECEASED EVE es, no, or unknown) YES	R IN U.S. ARMEO FORCES? (If yes give war or dates of se WW II	meical	ocial security no. 7–18–46–62		inical Recor	ds,	VAH, Fort	•	rd, Md.	
		ATH (Enter only one cause H WAS CAUSEO BY: IMMEDIATE CAUSE (a)	TTTD AT	(a), (b), and (c).) RT FAILURE						ONSET AND O	
	Conditions, if any, rise to immediate stating the under last.	e cause (a), (OUT TO	ART	ERIOSCLERO	TIC H	HEART DISEAS	SE			YEARS	
N	PART II. OTHER SIG	GNIFICANT CONDITIONS CONT	RIBUTING T	O OEATH BUT NOT RELA	ATEO TO TI	HE TERMINAL OISEASE CONC	OITION GIV	'EN IN PART 1(a)		19. WAS AUT	OPSY
AFIO	NEPHRO	ELLITUS				PERFORM YES	NO XX				
MEDICAL CERTIFICATION	20a. ACCIOENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	Enter nature af injury in P	art I ar Pa	irt II of item 18.)							
MEDICA	20c. TIME OF INJURY Month, Oay, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While of work at w									(State)	
	21. I certif	y that 🕸 (this haspit	al) attend	ed the deceased	fram_Ja	an. 3, 19	67,	to Feb. 20	6, 196	Z, that (本) (we) last
		ceased alive an Fe	b. 26	1967, 0	ind that	death accurred at 6	5:40A	M fram causes a			d abave.
	22a. SIGNATURE	Teken	/x	way	M.O.	PHYS.	MEO. DIRECTOR	STAFF PHYS.		TE SIGNEO 26/67	
	22c. PHYSICIAN'S NAME (Type)	PETER JUV	AN, M	.D.		VA HOSP	ETAL,	FORT HOW.	ARD,	MARYLAN	D
	BURIAL, CREMATION REMOVAL (Specify) Burial	3-2-6			e Nat	tional Cemet	tery		ore,	Marylan	state)
24	FUNERAL DIRECTOR	Turus &	lone.	1348°% C	alhou	in St. 2Sa. RECO		RAR 2Sb. REG	ISTRAR'S SIG		

134000 Calhou Baltimore, Md.

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Home

REGISTRAR'S SIGNATURE

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1967

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use os the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. VR A15 (4) 25M 1/67

Page 4 moy be retained by the hospital or attending physician.

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	400 At 1760 510.8		VA VENEZA	
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		A CONTRACTOR OF THE PARTY OF TH		
E EXTENDED FOR				
Deligion Company	TO THE REAL PROPERTY.			
Mark Scanson 15	BL I TAKE	ASA W. Collins		

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		01738		CERTII	FICATE OF	DEATH		01735	
		PLACE OF DEATH o. COUNTY Balti	more		YLAND 0. S	Marila		Y	/
90		b. CITY OR TOWN (If autside write RURAL and give ned d. NAME OF HOSPIFAL OR IN:	STITUTION (If not in hosp		d. STR	altimo EET ADDRESS		e. IS RESIDE ON A FAR	RM?
90		MAME OF DECEASED (Type or print)	First	4/0 ren	D	Last (less	4. DATE Month OF DEATH Februa	Day Year 13 196	
	S. :	Je 6. COLO	OR OR THE 7. MAR WIDO	RIED NEVER MARRIE	8. DATE		9. AGE (In years	Manths Days Hours	-
	duri	. USUAL OCCUPATION (Give kining most af warking life, even	d af work done if retired)	Ob. KIND OF BUSINESS OR INDUSTRY Day they a Mullion	ams B	RTHPLACE (County & S	Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
	15.	John TI WAS DECEASED EVER IN U.S. A	Bailless	16. SOCIAL SECURITY NO.	17. INFORMA	nnat	Burke	5	
	(Ye	is, na, or unknawn) (If yes giv	er only ane cause per lin	220-54-612	of Rees	idsof md.	masonic Homes	Cockeysr INTERVAL BETW	II/R.
		PART 1. DEATH WAS C 1M. Conditions, if any, which go rise to immediate cause (stating the underlying call last.	MEDIATE CAUSE (o) DUE TO OUE TO (b) 2 C	diliets A	rellite Areun	Kalit	4) Semility	ONSET AND DEA	<u>лтн</u>
3	CERTIFICATION			TING TO DEATH BUT NOT RA				19. WAS AUTOP PERFORMED YES NO)?
		20a. ACCIDENT WAS UNDERLY OR CONTRIBUTING (1) CAUSE (IF EITHER, NOTIFY MEDICAL E	OF DEATH EXAMINER)	05. DESCRIBE HOW INJURY O					
	MEDICAL	20c. TIME OF INJURY Mont Hour a.m. p.m.	19 0	Od. INJURY OCCURRED While Nat While at work of work	factary, stree	URY (Home, form, t, affice bldg., etc.)	20f. (City or town)	(County) (St	ate)
	ā	21. 1 certify that saw the deceased		attended the deceased	and that death	accurred at	ta /		e) last abave.
,		22c. PHYSICIAN'S NAME (Type)	AMSHID	HAMED	M.D. PHY	NDING M S. DI	ED. STAFF PHYS. PONCE PHYS.	Tel 3, 190	17
	23a	BURIAL, CREMATION,	23b. DATE THEREOF Feb. 15,19	23c. NAME OF CEM 067 Green Mo	etery or cremato unt Ceme		23d. LOCATION (City or Tow Baltimore,		te)
7		. FUNERAL DIRECTOR m. Cook-Brook	s Towson,	1050 York R	oad	2Sa. REC'D B	(istrar's signature	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending, physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Dept. af Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01739	CERTIFICATE	OF DEATH	0.	1736				
1. PLACE OF DEATH b. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryland	here deceased lived, if institution: Resic b. COUNTY	dence befare admission)				
b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Towson	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If auts Baltimore 2	side carparote limits, write RURAL ond (21.213	give nearest town)				
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, St. Joseph Hospital	give street address)	d. STREET ADDRESS	tterson Park Ave.	e. IS RESIDENCE ON A FARM? YES NO				
3. NAME OF First DECEASED (Type or print) Ruth	Middle	Beste	4. DATE Month OF DEATH February	Day Year 16, 1967				
S. SEX 6. COLOR OR RACE 7. MARRIED WHITE WIDOWED	INCIDENTAL TOTAL CONTROL OF THE PARTY OF THE	eptember 18	9. AGE (In years IF UND	ER 1 YEAR IF UNDER 24 HRS.				
	KIND OF BUSINESS OR INDUSTRY	Maryland		COUNTRY?				
13. FATHER'S NAME Thatcher Bell		14. MOTHER'S MAIDEN NA Lawra	AME (hilcote					
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 212-12-7757 Ans. Mary Nelson-3201 Glendale Ave21234								
Conditions, if any, which gave rise to immediate cause (a), stoting the underlying couse DUE TO	or (o), (b), ond (c).) rdio-Respiratory rebral hemorrhag pertension			INTERVAL BETWEEN ONSET AND DEATH				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COND	DITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO 2				
OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in P	art I or Port II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a.m. Whil	ile Nat While facto	E OF INJURY (Hame, farm, ary, street, affice bldg., etc.)		(County) (State)				
21. I certify that (M) (this haspital) atters saw the deceased alive an 2/16/	21. I certify that (this haspital) attended the deceased fram 2/7/ , 1967, ta 2/16/ , 1967, that (4) (we) las							
22a. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. STAFF								
22c. PHYSICIAN'S NAME (Type) Jaime Singzon	, M.D.	7620 York	Rd., Towson, Md.	21204				
23d. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 2-20-67 24. FUNERAL DIRECTOR	Parlawood Cer	metery 250 RFC'D	23d. LOCATION (City or Town) By REGISTRAR 25b. REGISTRAR	(Caunty) (State)				
John C. Miller Inc-6415			B 2 3 1967 /Clia	wes Judge				

and completely filled in by the funeral remove corbon papers. Pages 1 and 2

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 moy be retoined by the hospital or ottending physicion.

VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01740

CERTIFICATE OF DEATH

01737

	1		CERTIFICATE	OI DEATH	02001
		PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if institute of STATE of the COL	
	(BAITIN	ORE MARYLAND	MARYLAND	CECIN
	b	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawa)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RI	URAL and give nearest town) 17-2
	(- AtONSVILLE	8 mo. 16 days	KISING SUN. 1	MARYIANG
1	C	I. NAME OF HOSPITAL OR INSTITUTION (If not in h	nospital, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	5	pring GROVE	ItAte Itospila	K. D. EZ	YES NO
	4	AME OF First DECEASED First	Middle	R Lost 4. DATE Mor	0 12
		Type or print) CJL-OR 9e	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	I IF UNDER 1 YEAR IF UNDER 24 HRS.
	J		NAKKIED NEVER MARKIED DIVORCED	last birthdoy)	Months Doys Hours Min.
		USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT
		ng most of working life, even if retired).	INODSTRY PR	MARYLAND	COUNTRY? (J. 5.
	13.	FATHER'S NAME	77	14. MOTHER'S MAIDEN NAME	72
		William	Sines	SARAH	50 Vd
		WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) ((If yes give wor or dotes of serv	ica) =	NFORMANT Add	1855 / 1/2 1/2 / /
		Khron	717-07-5522Ke	cords. Spping Grove -	14/10/01/14/
		18. CAUSE OF DEATH (Enter only one couse per PART 1. DEATH WAS CAUSED BY:	r line for (o), (b), ond (c).)	. /	INTERVAL BETWEEN ONSET AND DEATH
		7/5X IMMEDIATE CAUSE (o)_	Deptice,	MA	3 21445.
		Conditions, if ony, which gove)	Décubite	ers IIIcer	White new N
		rise to immediate couse (o),	2 10116	2 61 7 6 7 6	04.77.077.077
		stoting the underlying couse (c) _			
	2		BUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
7	CATIO				YES NO NO
	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 18.)	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)			
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	(County) (Stote)
	×	p.m. 19	ot work U		61 10 19 11 111 111
		21. I certify that (1) (this haspital saw the deceased alive an		t death accurred at 5.40 PM, fram causes	2 , 1962, that (I) (we) last
		22o. SIGNATURE	17 7 unu mu		22b. DATE SIGNED
		11000	1994Re M.	D. PHYS. DIRECTOR PHYS.	8 2/9/67
		22c. PHYSICIAN'S FERDIN	naid MASCHD	22d. ADDRESS / PRING CTOOL	
					nd. 21228
	230.	PURIAL, CREMATION 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or I	own) (County) (Stote)
1	24	FUNERAL DIRECTOR	967 Nenceges	256, REC'D BY REGISTRAR 25b. R	REGISTRAR'S SIGNATURE
	14.	as 19 h	X by / HILL	DATE FEB 47 1967	CLIPALLO O

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health prior to burial, cremation, or removal, and in any event, within 72 bours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion. VR A15 74

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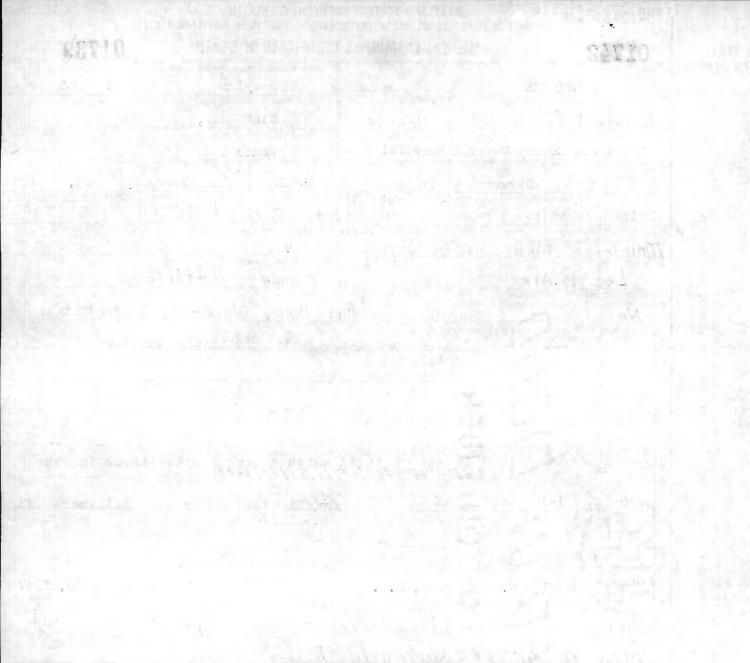
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0174		CERTIFICA	ATE OF DEATH		01738			
	ACE OF DEATH COUNTY	Baltimore	MARYLANI	o. STATE	Where deceosed lived, if institution b. COUN				
d.	Catons V NAME OF HOSPITA		c. LENGTH OF STAY IN 1b 2yrlmth6dys hospitol, give street address) HOSPITAL	Govans	12/Keg15ter/Ay	lair 12-2			
DI	AME OF ECEASED ype or print)	Olga	Middle	Binkley Lost	4. DATE Month OF DEATH Feb	ruary 11 19 67			
S. SE			MARRIED NEVER MARRIED VIDOWED DIVORCED	B. Date of Birth Dec. 10, 1	9. AGE (In years birthdoy) yrs.	FUNDER I YEAR IF UNDER 24 HRS Months Doys Hours Min.			
10a. l durin	USUAL OCCUPATION of most of working nousewi	(Give kind of work done life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	New York	11. BIRTHPLACE (County & Stote, or foreign country) New York 12. CITIZEN OF WHAT U. S.				
13. F	FATHER'S NAME John He	nry Olyann		Minnie	14. MOTHER'S MAIDEN NAME Minnie				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 218-03-5070D Records: SPRING GROVE STATE I									
1	HQO R Conditions, if ony rise to immediat stating the unde last.	e couse (o), lying couse	Myocardial infa	c heart diseas eriosclerosis		19. WAS AUTOPSY PERFORMED? YES NO			
200. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
크	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work o								
	21. I certify that (this haspital) attended the deceased fram Oct. 5, 1864, to Feb. 11, 1967, that (x) (we) losay the deceased alive an Feb. 1119 67, and that death occurred at \$30. M, fram causes and an the date stated above.								
	220. SIGNATURE ALCOHOLO M.D. ATTENDING MED. STAFF 22b. DATE 2-11								
	22c. PHYSICIAN'S NAME (Type) Narciso W. Carmona 22d. ADDRESS SPRING GROVE STAIE HOSPITAL Baltimore, Maryland 21228								
230					23d. LOCATION (City or Tov				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion ond completely filled in by the funeral director, page 3 should be detoched for use as the buriol-transit permit. Then please refrove corbon papers. Pages 1 and should be filed with the State Dept. of Health prior to buriol, cremotion, or removol, and in any eyent, within 72 hours offer depth

And the brook of the first of the property of SCT10 TOTAL STATE OF THE PROPERTY OF THE COMMENT RECEIPTANT AND THE PROPERTY NOTE DESCRIPTION OF THE PROPERTY OF and the backs to be seen it Table 12 Age of the second of TO-LILES OF THE YOUR SERVICE

1	tems 2007 -f: Film 387 MARYLAND STATE DEPA		
FOR STATE	01742 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	01739
HEALTH DEPT.	1. PLACE OF DEATH o. COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: R o. STATE Maryland b. COUNTY	CARROLL
hin 24 haurs ofter deoth. If any delay nail in Item 18. Give Pages 1, 2, and 3 niner's Office along with form PM3. Pa pages land? with the State Deportment urs ofter death.	b. CITY OR TOWN (If outside corporate limits, Reference of the corporate limits, RANGA 15 town C. LENGTH OF STAY IN 16 Minutes	c. CITY OR TOWN (If outside corporate limits, write RURAL or Finksburg,	06.2
es 1, 2 form form	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Baltimore County General Hospital	d. STREET ADDRESS Route 2	e. IS RESIDENCE ON A FARM? YES NO
r deoth ive Pagi g with the Sta	3. NAME OF First Middle DECEASED (Type or print) Stewart M,	BLAIR 4. DATE Month OF DEATH February	
iurs ofte m 18. Gi fice alon pd 2 with legth.	Male White WIDOWED DIVORCED	Oct. 27, 1906 (60 orthdoy) Mor	INDER YEAR IF UNDER 24 HRS. On this Doys Hours Min.
24 hau in Item er's Offii es land	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NAIN tence NA N WATER SUPPLY CITY	y N.C.	12. CITIZEN OF WHAT COUNTRY?
d within pencil Exomine File pag	13. FATHER'S NAME Lee BlAIR	14. MOTHER'S MAIDEN NAME EMMA MAtheson	
xecuted nding" in Medical E permit. F	(Yes, no, or unknown) (If yes give war or dotes of service)	es. Mary Blair - Rt. 2	Finksburg, Md
ficate should be eing the word "per ded to the Chief os a buriol-transit	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last. (c) Massive pulmonar of left patella (b) DUE TO (c)	ry emboli complicating fract	INTERVAL BETWEEN ONSET AND DEATH
this certificate, writh the forwork be used the beauth of	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 200. EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING DESCRIBE HOW INJURY OCCURRED. PRIMARY DO CONTRIBUTING DESCRIBE HOW INJURY OCCURRED. PRIMARY DO CONTRIBUTING DESCRIBE HOW INJURY OCCURRED.		19. WAS AUTOPSY PERFORMED? YES X NO
INER: Te certifice should b files. 3 should tion, or n		(Enter noture of injury in Port I or Port II of item 18.) Which struck another tru Here /cat/on/jep/ ACE OF INJURY (Home, form, 20f. (City or town)	ck in rear (County) (Stote)
o DEPUTY MEDICAL EXAMINER: necessory, pleose execute the certi the funeral director. Page 4 should 5 may be retained for your files. o FUNERAL DIRECTOR: Page 3 should Health prior to burial, cremation, or	9:30 Hour o.m. 1-10 1967 While of work \(\mathbb{Z}\) Not While of work \(\mathbb{Z}\) 1. I certify that I took charge of the remains described above, he death resulted from: Notural causes \(\mathbb{Z}\), Accident \(\mathbb{X}\), Suice	tory, street, office bldg., etc.) work Hie hway eld on Autopsy X, Inspection , Inquiry cide , Homicide , Undetermined monner CHIEF MEDICAL EXAMINER	altimore Md ond in my opinion
ro DEPUTY in necessory, p the funeral 5 may be re ro FuneRAL Health prior	EXAMINER'S NAME (Type) Charles S. Springate, M.D.	DEDUTY MEDICAL EVAMINED	uary 13, 1967
TO THE STATE OF TH	230. BURIAL (REMATION, BREMOVAL (Specify) 2-16-67 Providence	Cemetery CATTOIL	Co. (County) (State)
VR A15ME (5) 6M 1/67	24 FUNERAL DIRECTOR W. Haight Sykeowetle,	Mal Page Blog By REGISTAR JOHN REGISTA	ARS SIGNATURE



death. Page the retained by the hospital or attending physician.

TO HOSPITAL AS ATTENDING PHYSICIAN: The law requires that the death certificate be executed hin 24 hours after death. Page the retained by the hospital or attending physician.

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	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STAT	ISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, CERTIFICATE OF DEATH	MARYLANI 01740
ECP OF DERMIT		2 11

a. COUNTY Baltimore	MARYLAND	a. STATE		Bal timor	
b. CITY OR TOWN (if outside corporata limits,	c. LENGTH OF STAY IN 16	-	If outside corporete lim		
write RURAL end give nearest town) Owings Mills	19 years	Owings		ma, withe NORTE und	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pilal, give street address)	d. STREET ADDRESS			. IS RESIDENCE
14 Morrisway Road		14 Morr	isway Ro	ad	YES NO P
3. NAME OF First DECEASED (Type or print) CHARLES	Middle HENRY	BOECKER	4. DATE OF DEATH F	Month ebruary (Dey Year 1967
5. SEX Male 6. COLOR OR RACE 7. MARRIE White WIDOWE		ov. 27, 19	last bi	In years IF UNDER 1 Y Months De yrs.	EAR IF UNDER 24 HRS. Bys Hours Min.
done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR M. Stevenson		nty & State, or foreign		S . A
19. FATHER'S NAME		14. MOTHER'S MAIDEN			
Charles G. Boecker		Regine A	. Dumler		
IVes no or unknown) I (If yes give was a date of senter)	SOCIAL SECURITY NO. 17. I	rs.Doris L	.Boecker	'The Morri	isway Rd.
18. CAUSE OF DEATH [Enter only one cause per I	ine for (a), (b), and (c).]				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: !MMEDIATE CAUSE (e) Cere	bral Thrombo	osis			ONSET AND DEATH
DUETO	teriosclero		isease		4 vrs.
gave rise to immediate cause (a), stating the underlying cause last.					J. J. S.
(c)	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDIT	ION GIVEN IN PART 1	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED	. (Enter nature of injury in	Part I or Part II of item	1B.)) bound Breat
20c. TIME OF INJURY Month, Dey, Year 20d. While Hour a.m. 19 at wor	Not While fact	CE OF INJURY (Home, farr ory, street, office bldg., etc		n) (Count	ry) (State)
21. I certify that (I) (this hospital) attends saw the deceased alive on Dec 1	ded the deceased from 19.00, and that	death occurred al	19.5.3 to Feb	ruary., 6	6.7that (I) (we) la date stated above
220. SIGNATURE 8, Strokel	M		MED. STAI		22b. DATE SIGNE 2-0-1
22c. PHYSICIAN'S	robel, M.D.	22d. ADDRESS 48 Main	St.Reist	erstown.	Maryland
23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) BUPI 81 2/9/67	Evergreen M			(City, town or county) Ourg, Mar	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Owings Mills		C'D BY REGISTRAR 2	256. REGISTRAR'S SI	GNATURE CARACTER

TAX DESIGNATION OF THE PROPERTY OF Sald will wanted and AND THE LINE IS NOT THE PERSON AND THE PERSON AND THE PERSON OF THE PERSON AND THE PERSON OF THE PERSON AND THE white & street server in all we see the man the Beatwood conversal lamburg mon nears well

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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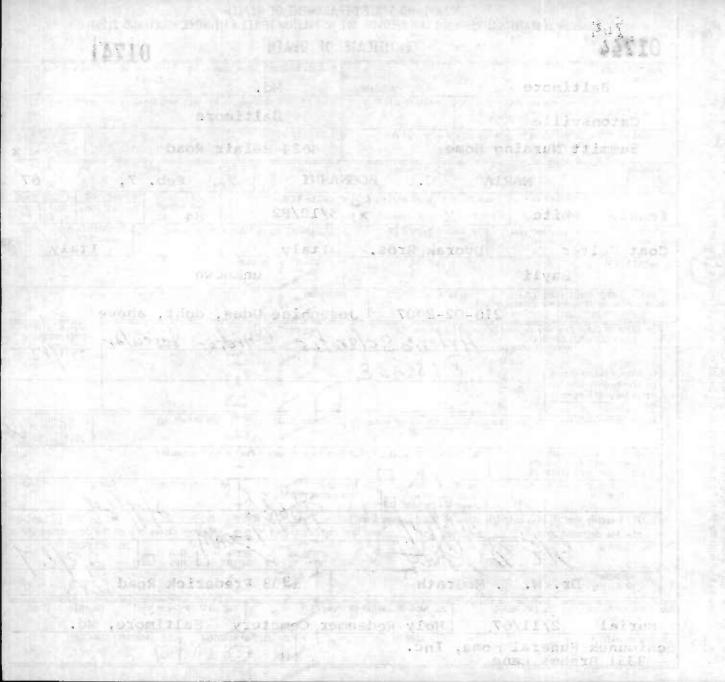
CERTIFICATE OF DEATH

01741

	o. COUNTY	altimore		MARYL	AND	2. USUAL RESIDENCE (o. STATE		lived, if institution b. COUN		e before odn	nission)
	b. CITY OR TOWN	If outside corporate limit d give nearest tawn) ISVIILE	s,	c. LENGTH OF STAY IN		c. CITY OR TOWN (If o	*		AL ond give	neorest tow	n)
0		itt Nursi				d. STREET ADDRESS 4624 Be	elair	Road		e. IS ON YES	RESIDENCE A FARM? NO 🔀
	NAME OF DECEASED (Type or print)		RIA	C. Middle	30GN	IANNI	4. DATE OF DEATH	Feb.	7,	Day	Year 19 67
	sex female	6. COLOR OR RACE white	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		5/18/82		AGE (In yeors lost birthdoy) 84 yrs.	Months Months	YEAR IF U	NDER 24 HRS. urs Min.
dur	ring most of working	N (Give kind of work done life, even if retired) Lter	IN	ND OF BUSINESS OR DUSTRY PRAK Bros		11. BIRTHPLACE (County Italy		gn country)		ZEN OF WHA INTRY? Ital	./
13.	. FATHER'S NAME	Bayli				14. MOTHER'S MAIDEN	NAME unknow	n			
15. (Ye	. WAS DECEASED EVI es, no, ar unknown)	R IN U.S. ARMED FORCES? (If yes give war or dates o	of service) 16. 1	SOCIAL SECURITY NO.		osephine (Jdes,	Addre			DN
	Conditions, if ony rise to immediate stating the underlost.	re couse (o),	TO (b)); seas	<u>e</u>	0// 6	Trey o	- Yesc		59	115-
CERTIFICATION	PART II. OTHER S	ignificant conditions o	ONTRIBUTING T	O DEATH BUT NOT RELAT	TED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN	IN PART 1(o)		19. WAS PERF	AUTOPSY ORMED?) NO
		S UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)			URRED. (Enter noture of injury in	Port I or Port II	of item 18.)			
MEDICAL	Hour o. p.	m. 19	While of work	Not While gt work	facto	E OF INJURY (Home, for ory, street, office bldg., etc.)/	City or town)	(Cour	nty)	(Stote)
		ify that (I) (this hos eceased alive an	pital) atten			death accurred a	1 10-	ram causes	and an th		l) (we) last
	22c. PHYSICIAN'S	772	1	hat	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		2/8/	67
	NAME (Type	Dr. W.		rath '		1303		rick Re		18)	
230	o. BURIAL, CREMATI REMOVAL (Specify Burial	ON, 23b. DATE TH 2/11/6		Holy Red		REMATORY ner Cemeto		TION (City or Toy Baltim		County) Md.	(Stote)
Si		R Funeral					D BY REGISTRAR		GISTRAR'S SIG		Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. They bease remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health prior ta burial, crematian, ar removal, and in any event, within 72 hours after deafth. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.



3 11

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after death. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67 00

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01745 CERTIFICATE OF DEATH

01742

				- AL 14
1. PLACE OF DEATH			Yhere deceosed lived, if institution:	Residence before odmission)
o. COUNTY Baltimore	MARYLAND	Maryland	b. COUNTY	Rollinger
b. CITY OR TOWN (If outside corporate limits, c. LENGTH O	F STAY IN 1b		tside corporote limits, write RURAL	ond give neorest town)
write RURAL and give neorest town) Catonsville		Catonsy	rille	13-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street odds	ess)	d. STREET ADDRESS	166	e IS RESIDENCE
292 Bloomsbury Ave.		292 Blooms	bury Ave.	ON A FARM? YES NO
3. NAME OF First Mic DECEASED (Type or print) William O. Bomb	dde oerger	Lost	4. DATE Month OF Feb. 26	Doy Year 1967 19
Mela Caus	MARRIED E	Oct. 25,19		FUNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Ret. Accountant 10b. KIND OF BUSINES U. S. GOV		11. BIRTHPLACE (County & Marylan	& Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
Late - Arthur Bomberger			Frances	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)	Y NO. 17. 1	MFORMANClara E 292 Bloomsbu	Somberger Address ry Ave Apt.	B-9
1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (or PART I. DEATH WAS CAUSED BY:		NN 0 == 7		INTERVAL BETWEEN ONSET AND DEATH
163X IMMEDIATE CAUSE (o) DUE TO	MAC	ARREST	1.	
	CINON	CATOSIS		21 MO.
rise to immediate couse (o), DUF TO				
lost. (c) CAR	CINON	A, LUN	06.	15 Mo.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO T	HE TERMINAL DISEASE (ON	DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
G OR CONTRIBUTING CAUSE OF DEATH	IJURY OCCURRED. (Enter noture of injury in F	Port I or Port II of item 1B.)	ŧ
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 While of work of work	le focto	E OF INJURY (Home, form ory, street, affice bldg., etc.)		(County) (Stote)
21. I certify that (I) (this hospital) attended the dec	eased fram and that	death accurred at	904, to 2-26 1391M, fram causes and	, 190, that (I) (we) las d an the date stated abave
220 SGNATURE Tool	M.D	. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 7
22c. PHYSICIAN'S NAME (Type) Peter V. B. Thorpe, M.	D.	409 Col	umbia Pike-Elli	cott City,Md.
PEMOVAL (Specify)	of CEMETERY OR C		23d. LOCATION (City or Town) Baltimore	, ,,
24. FUNERAL DIRECTOR ADDR		2So. REC'D	BY REGISTRAR 25b. REGIST	TPAR'S SIGNATURE
Witzke F. D 4101 Edmondson A	we.	DATE FE	B 2 8 1967 gc	TRAR'S SIGNATURE

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within 24 hours after deoth by the funerol .. Poges 1 and / ond ofter bon popers. within 72 ho filled in I corbon completely in ony event, executed remove puo physicion (please ond O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate burial, cremation, or removol, signed by the ottending phy buriol-tronsit permit. Then attending physicion. r this certificate has been side detached for use as the b by the hospitol or detached Stote TO FUNERAL DIRECTOR: After pe be retained should

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 385 2/8/67 jml CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If c. LENGTH OF STAY IN 1b outside corporate limits, write RURAL and give nearest town write RURAL and give negrest town) e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS NO / 3. NAME OF Middle 4. DATE Lost Month Doy Year DECEASED OF DEATH 19 6 (Type or print USTA S. SEX AGE (In years DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours WIDOWED X DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY,? Home MUSE W! INIO 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GARDNE WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) Hour a.m. foctory, street, office bldg., etc.) Not While 19 at work ot work 21. I certify that (I) (this haspital) attended the deceased fram_ saw the deceased alive an and that death accurred at 551M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF M.D. DIRECTOR PHYS. PHYS 22c. PHYSICIAN' 22d. ADDRESS NAME (Type) 23o. BURIAL CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 1967 CEM! DEEMER

ADDRESS

2Sb. REGISTRAR'S SIGNATURE

2So. REC'D BY REGISTRAR

director, poge should be filed Poge 4 moy VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR

The the state of t

		MAKTLAND 3	IAIE DEP.	AKIME	MI OF	REALI	1	
	DIVISION OF STATISTICAL	RESEARCH AND	RECORDS, 3	301 W. P	RESTON	STREET,	BALTIMORE 1,	MARYLAND
-	A TOP H	CEDT	IELCATE	OF D	EATH		0.4.	

OTIZE		- CERTIFICATION				01444	/
I. PLACE OF DEAT	H A		2. USUAL RESIDE	NCE (Where de			nce before edinission)
Baltimo	ore	MARYLAND	. STATE Mary	rland	b. COUN	TY	V
b. CITY OR TOWN	(if outside corporata limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		orate limits, write	RURAL end give	nearest town)
writa RURAL an	d giva nearast town)	3 vrs.llmo.	Baltimor			7	- 11
d. NAME OF HOSP	ITAL OR INSTITUTION (If not in hos		d. STREET ADDRES			2	. IS RESIDENCE
		buer' dise medi eddiess)					ON A FARM?
	aris Hospice		Hillenwood			The state of the s	YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Dey	Yeer
(Type or print)	Henry R		rig	DEATH	reb	. 14	1967
5. SEX	6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 18	. DATE OF BIRTH	9	. AGE (In yeers		IF UNDER 24 HRS.
Male	white wpowe		3/12/1887		lest birthdey)	Months Deys	Hours Min.
10a. USUAL OCCUPA	TION (Give kind of work 10b. K	IND OF BUSINESS OR INDUSTR	<i>y</i> //	unty & Stete, or	foreign country)	12. CITIZEN C	OF WHAT COUNTRY?
done during most of w	orking lifa, even if relired)		Baltimo:			USA	
13. FATHER'S NAME	ns. Obergeor		14. MOTHER'S MAIDE			USA	
Richard			Mary Ster	ner	H		
(Yes, no, or unkown)	VER IN U.S. ARMED FORCES? 16. (If yes give war or detes of service)	SOCIAL SECURITY NO. 17.	NFORMANT		Address		
no	21	5-09-3775 R	ecords Stel	lla Mar	is Hosp	ice	
18. CAUSE OF	DEATH [Enter only one cause per l	ine for (e)) (b), end (c).]	1		_		TERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (+)	Nexous hm	Unces			O.	ASEL AND DEATH
1992	DUE TO	The state of the s	>				
Conditions, if en		HOCK	1)				
geve rise to immed	diete ceuse						
(a), stating the	undarlying DUE TO	1/Mentized	1				
ceuse last.) (c)	whomingen	- pa				
PART II. OTHE	ER SIGNIFICANT CONDITIONS	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	EN IN PART 1(e)	PERFORMED?
3							YES NO NO
OR CONTRIBUTING	VAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury	in Pert or Pert	II of item 18.)		And Co
ZOc. TIME OF INJ	URY Month, Dey, Year 20d.		CE OF INJURY (Home, fe		or town)	(County)	(State)
20c. TIME OF INJ	While	THE PERSON NAMED IN COLUMN NAM	ory, street, office bldg., e	fc.)			
Print	17		Annil 10	10.53	2-14	10.67	that (I) (we) last
21. I certify	that (I) (this hospital) atten	ded the deceased from	AVILL LU				
	sed alive on		death occurred at	O.A.M., from	the causes a	nd on the dat	
22e. SIGNATURE	Cobert J. m	should "	.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		22b. DATE SIGNED
22c. PHYSICIAN'S			22d. ADDRESS				
NAME (Type	Robert J. Mahor	n,M.D.	204	E. Joppa	a Road		
	IFON, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOC	ATION (City, tow	yn or county)	(Stete)
REMOVAL (Specify		Dullanor Mar	norial Garde	Bal	timore C	0	Marvland
24 FUNERAL DIRECTO	2-17-1967	ADDRESS		EC'D BY REGIST		SISTRAR'S SIGNA	
George J.	Gonce-4001 Ritch		more	EED 1	7 4000	mi	
		0 0 0	DATE	LEDI	(1967	Just	a Judge
						6	9 0

VR A15 (4) 20M S-63

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MARYLAND

c. LENGTH OF STAY IN 16

Middle

NEVER MARRIED

DIVORCED

BORRIS

10b. KIND OF BUSINESS OR

At Home

16. SOCIAL SECURITY NO

No

INDUSTRY

7. MARRIED

WIDOWED

CERTIFICATE OF DEATH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

d. STREET ADDRESS

Last

8. DATE OF BIRTH

17. INFORMANT

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

9. AGE (In years last birthday)

c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town)

Maryland

Baltimore

4. DATE

DEATH

3418 Ripple Road #7

11. BIRTHPLACE (County & Stote, or foreign country)

Germanu

Gunther Borris.

14. MOTHER'S MAIDEN NAME

Rosa

b. COUNTY

Month

February 10

Address

Months

IS RESIDENCE ON A FARM?

YES NO

Year

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

Doy

12. CITIZEN OF WHAT COUNTRY?

IISA

psecon and completely filled in by the funeral please remove corbon papers. Pages 1 and 2 i, ond in ony event, within 72 hours after death. signed by the attending physician burial-tronsit permit. Then pleose 3 shauld be detached for use as the burial-tronsit permit. Then powith the Stote Dept. of Health prior to burial, cremation, or removal, ottending physician. O FUNERAL DIRECTOR: After this certificate hos been be retained by the hospital or director, poge 3 should be filed v Page 4 moy

executed within 24 hours after death

OR ATTENDING PHYSICIAN: The law requires that the deoth certifi

TO HOSPITAL

VR A15 (4) 25M 1/67

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CERTIFICATION

MFDICAL

22o. SIGNATURE

22c. PHYSICIAN'S

23o. BURIAL, CREMATION REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR

NAME (Type)

Levinson &

DUE TO (c)	Trge"	, , , , , , , , , , , , , , , , , , ,					
OITIONS CONTRIL	BUTING TO DEATH BUT NOT REL	ATED TO THE TERMINA	L DISEASE CONDITI	ON GIVEN IN P	ART 1(o)		NAS AUTOPSY PERFORMED?
] ATH NER)	20b. DESCRIBE HOW INJURY O	CCURRED. (Enter noture	of injury in Port	I or Port II of	item 1B.)		
r, Yeor 19	20d. INJURY OCCURRED While Not While of work of two	20e. PLACE OF INJURY factory, street, of	fice bldg., etc.)		or town)	(County)	(Stote)
his haspital) e on	attended the deceased	framand that death a	ccurred at 6	M, fran	n (auses and	_, 19 <u>G</u> , tha d an the date	t (I) (we) last stated abave.
rh	hear, M.D.	M.D. PHYS.	ING MED MED		STAFF PHYS.	22b. DATE SIGNED	
Kurt 1	N. CHARLES ST.		3103 Nor	th Cha	rles St	reet	
DATE THEREOF	Talloga.	ETERY OR CREMATORY			(City or Town)	, , , , ,	(Stote)
1/12/67		lavas Ches			1	TRAR'S SIGNATURE	
Bros. I.	nc., 6010 Rei	st., Rd.	DATE T	B 14	1967	Jelianle	Judge

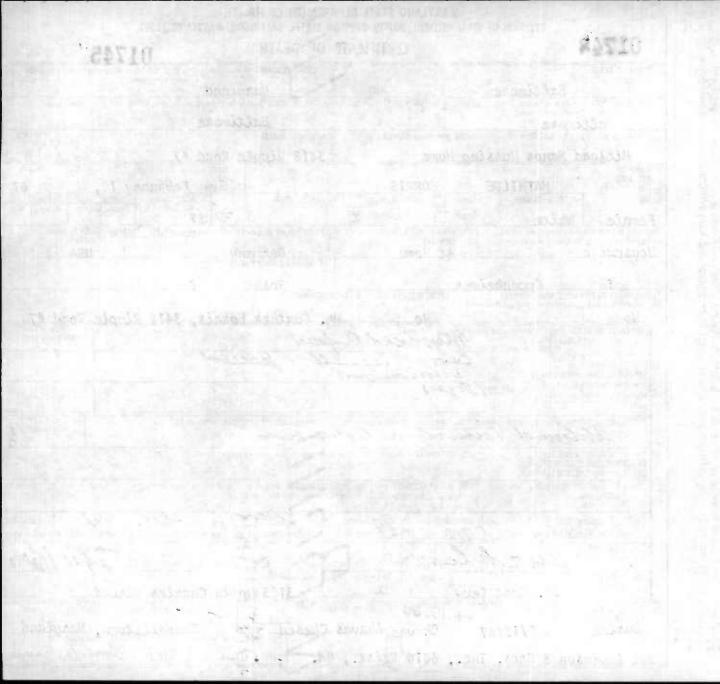
o. COUNTY Baltimore b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)

Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Milhord Manor Nursing Home 3. NAME OF DECEASED MATHILDE (Type or print) S. SEX 6. COLOR OR RACE White Female. 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 13. FATHER'S NAME Oppenheimer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CON 20o. ACCIDENT WAS UNDERLYING! OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMI 20c. TIME OF INJURY Month, Do Hour o.m. 21. 1 certify that (I) (sow the deceased aliv

01748

1. PLACE OF DEATH

DUE TO



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Page

blang with form

the Chief Medical Examiner's

4 shauld be farwarded ta

Page

the funeral directar.

please execute the certificate,

EXAMINER:

Give Pages

24 in

executed within

This certificate shauld writing the ward

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pending

delay

the State Department of 00 pages land 2 with after haurs permit. File within 72 burial-transit event any 2 0 and 90 be used remayal. 3 shauld Or burial, crematian, may be retained far yaur FUNERAL DIRECTOR: Page Health 0

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Maryland Baltimore Baltimore c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn)
Dundalk ll Yrs. Dundalk d. NAME OF HOSPITAL OR INSTITUTION (II not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 2522 McComas Ave. 2522 McComas Ave. YES NO X 3. NAME OF First Middle 4. DATE Month Lost DECEASED Minnie Boslev February 19 67 DEATH S SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Days 2/11/8/ Female White WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife COUNTRY? New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Pfort Not Known 17. INFORMAN (Husband) Address Maryland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service Abram W. Bosley, 2522 McComas Ave. Dundalk, No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (o). DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? NO DC 20o. EXTERNAL CAUSE WAS (Enternature of injury in Part I or Part II of item 18.) 20b. DESCRIBE HOW INJURY PRIMARY Dor CONTRIBUTING D CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. Not While factory, street, office bldg., etc.) at work at work 21. I certify that I taak charge af the remains described above, held an Autopsy Inspection x, Inquiry x and in my apinian death resulted from: Natural causes X. Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 2/3/67 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER \$ 6800 Mornington Rd. **EXAMINER'S**

VR A15ME (5)

24. FUNERAL DIRECTOR John J. Duda, 7922 Wise Ave. Dundalk, Md.

NAME (Type)

23a. BURIAL CREMATION

23h DATE THEREOF 2/6/67

Melvin B. Davis

23c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery

M.D

23d. LOCATION (City or Town) Baltimore

Address (Street, city, town, or county) Dundalk. Md. 21222

(County) (Stote) Maryland

Burial (Specify)

2Sq. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE liarles

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TO DEPUTY MED EXAMINER. This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

3

VR AISME (5) 5M 1/65 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL FYAMINED'S CEPTIFICATE OF DEATH

OT TO MEDICAL EVAMINERO	OTHER DESIGNATION OF THE PROPERTY OF THE PROPE
1. PLACE OF DEATH 2. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Md. b. COUNTY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Baltimore
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AODRESS e. IS RESIDENCE
St. Joseph's Hospital	5600 Loch Raven Blvd. VES NOTE
3. NAME OF First Middle DECEASED (Type or print) Margaret A. Bo	werman 4. DATE Month Day Year Jeb. 6 19 67
/. WARRIED REVER WARRIED	8. OATE OF BIRTH 11-26-1888 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
10a. OSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 10c. OSUAL OCCUPATION (Give kind of work done in the line of the line	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Francis P. Oates	Margaret E. Hanlon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or dates of service) 216464035	1. Edwin Oates 103 Springside Drive
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a)	colloge Sudden
903.0 DUE TO //	11-1-1
Conditions, if any, which gave rise to immediate (b)	1/1/0/10 cleans
cause (a), stating the DUE TO	reference 11.4
underlying cause last, (c)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO? YES
to anyther was a construction of	URREO. (Enter nature of injury in Part I or Part II of Item 18.) or of Home
3 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)
11: 30 p.m. Dec 27 19 66 While at work at work	Home Balto City
21. I certify that I took charge of the remains described above, he	eld an Autopsy 🔲 , Inspection 🗐 , Inquiry 🔲 , and in my opinion
death resulted from: Natural causes , Accident , Su	vicide, Homicide, Undetermined manner
	CHIEF MEDICAL EXAMINER
SIGNATURE MOULOUTO Smull	M.D. ASSISTANT MEDICAL EXAMINER
	k Rd DEPUTY MEDICAL EXAMINER a. Address (Street, city, town, or county)
23a, BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)	0 /1: M.
burial 2-9-6/ Parkwood (24. FUNERAL DIRECTOR ANDRESS	emetery Dattmore, Ma. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Leonard J. Ruck Inc Baltimore, Md.	DATE FFB. 8 1967 Meanles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye season papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

> VR A15 (4) 25M 1/67

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CERTIFICATE OF DEATH

3. NAME OF DECEASED PLACE OF PRINTS S. SEX 6. COLOR OR RACE WIDOWED 100. USUAL OCCUPATION (Give kind of work done with prints) 100. USUAL OCCUPATION (Give kind of work done with prints) 101. SETT HAMBERS 102. USUAL OCCUPATION (Give kind of work done with prints) 103. FATHERS'NAME S. AM UE B. DUE RS 104. MOTHES' MAIDEN NAME TEIPEL 105. WAS DECEASED PLY RIN IS. ARRIED FORCES? (Yes, no, prunknawn) 106. USUAL OCCUPATION (Give kind of work done with prints) 107. KIND OF BUSINESS OR 108. INTERVAL BETWEEN S. AM UE B. OWERS 108. SOCIAL SECURITY NO. 109. WAS DECEASED PLY RIN IS. ARRIED FORCES? (Yes, no, prunknawn) 107. INFORMANT TEIPEL 108. WAS DECEASED PLY RIN IS. ARRIED FORCES? (Yes, no, prunknawn) 109. WAS DECEASED PLY RIN IS. ARRIED FORCES? (Yes, no, prunknawn) 109. WAS DECEASED PLY RIN IS. ARRIED FORCES? (Yes, no, prunknawn) 109. WAS DECEASED PLY RIN IS. ARRIED FORCES? (Yes, no, prunknawn) 109. WAS DECEASED PLY RIN IS. ARRIED FORCES? (Yes, no, prunknawn) 109. WAS DECEASED PLY RIN IS. ARRIED FORCES? (Yes, no, prunknawn) 109. WAS DECEASED PLY RIN IS. ARRIED FORCES? (Yes, no, prunknawn) 109. WAS DECEASED PLY RIN IS. ARRIED FORCES? (Yes, no, prunknawn) 109. WAS DECEASED PLY RIN IS. ARRIED FORCES? (Yes, no, prunknawn) 109. WAS DECEASED PLY RIN IS. ARRIED FORCES? (Yes, no, prunknawn) 109. WAS DECEASED PLY RIN IS. ARRIED FORCES? (Yes, no, prunknawn) 109. WAS DECEASED PLY RIN IS. ARRIED FORCES? (Yes, no, prunknawn) 109. WAS DECEASED PLY RIN IS. ARRIED FORCES? (Yes, no, prunknawn) 109. WAS DECEASED PLY RIN IS. ARRIED FORCES? (Yes, no, prunknawn) 109. WAS DECEASED PLY RIN IS. ARRIED FORCES? (Yes, no, prunknawn) 109. WAS DECEASED PLY RIN IS. ARRIED FORCES? (Yes, no, prunknawn) 109. WAS DECEASED PLY RIN IS. ARRIED FORCES? (Yes, no, prunknawn) 109. WAS DECEASED PLY RIN IS. ARRIED FORCES? (Yes, no, prunknawn) 109. WAS DECEASED PLY RIN IS. ARRIED FORCES? (Yes, no, prunknawn) 109. WAS DECEASED PLY RIN IS. ARRIED FORCES? (Yes, no, prunknawn) 109. WAS DECEASED PLAN IS.	OTAUK	117/10
b. CITY OR IONNY (if outside carporate lamins, write RURAL and give nearest town) BACT IN OR BACT IN OR BALT IN	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
b. CITY OR TOWN (If outside capporate limits, write RURAL and give nearest town) BALTIN ORE d. NAME OF DETAIL OR INSTITUTION (If not in hospital, give street address) CREATER BALTIN ORE MEDICAL CALL (IN THE NAME) JOSEPH THOMAS NAME OF DECASED ITHOUGH DISTRICT MORPHAM INTERVAL BETWEEN S. SEX 6. COLOR OR RACE WIDOWED IDVORCED IDVORCED	O. COUNTY BALTIMORE MARYLAND	O. STALLAND B. COUNTY ORE
WITE BIREL and give nearest toyon. A. AMAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) A. AMAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) S. SERET ADDRESS A. STREET ADDRESS A. DATE B. DAT	h CITY OR TOWN (If autoide corporate limits C LENGTH OF STAY IN 1h	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If in on in hospital, give street address) A. STREET ADDRESS I. BRITAR BALTIMORE MEDICAL CENTRE ID BRIAR WORLD ROAD TO ALD FEATH Models ON A FARMY TES ON A FARMY	write PURAL and give nearest tawn) 20 hours	11 / 2
3. NAME OF DECEASED IN THE MIDDLE ARE DISCRIPTION OF THE DECEASE O	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. A. G. (In years with the color of the col	GREATER BALTIMORE MEDICAL CENTRE	10 BRIARWOOD ROAD YES NO NO
Nous Note	DECEASED TOO = 011 TILO 1.00	0
Country Coun	THE TENENT OF THE PER MARKIED	B. DATE OF BIRTH 3.19. 1902 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
13. FATHERS THAME S AMULE H. BOWERS 14. MOTHER'S MAIDEN NAME TEIPEL. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, prunknawn) [If yes give war or dates at service) 22 + -60 - 12 +	during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) PHIL ADELPHIA, PENN. COUNTRY? COUNTRY?
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Conditions, if any, which gave rise to immediate cause (a); stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of item 18.) 200. ACCIDENT WAS UNDERLYING COURTED While of work of the unit of injury in Part II of item 18.) 201. TICE THERE, NOTIFY MODICAL EXAMINER; 202. TIME OF INJURY MONTH, Day, Year Hour a.m. P.m. 19 203. ACCIDENT WAS UNDERLYING ONLY WAS UNDERLYING ONLY WHILE OF WHI	13. FATHER'S NAME	
The control of the	SAMUEL "BOWERS	TEIPEL.
IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: TO Canditions, if any, which gave rise to immediate cause (a), starting the underlying cause last. DUE TO Canditions (c)	the state of the s	INFORMANT TIENTS CHAPT
Canditions, if any, which gave rise ta immediate cause (a), stating the underlying cause lost. DUE TO	1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)	
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 200. ACCIDENT WAS UNDERLYING DOWN CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 200. ACCIDENT WAS UNDERLYING DOWN CONTRIBUTING DOWN INJURY OCCURRED. (Enter native of injury in Part I ar Part II of item 1B.) 200. TIME OF INJURY Month, Day, Year 200. TIME OF INJURY Month, Day, Year While of wark at work factory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased fram FEB 20, 1967, ta FEB 21, 1967, that (I) (we) saw the deceased alive an FEB 21S+ 1967., and that death accurred at 6.0 AM, fram causes and an the date stated about 22a. SIGNATURE 22c. PHYSICIAN'S DIRECTOR STAFF 22b. DATE SIGNED 22c. PHYSICIAN'S DIRECTOR DI	IMMEDIATE CAUSE (a)	U.S.
rise ta immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT IN PART I(a) PART II. OTHER SIGNIFICANT III. OTHER SIGNI	Contribution of a list	the and a to almost.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 20o. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER) 20o. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19 While of wark of the deceased from FEB 20, 1967, to FEB 21, 1967, that (I) (we) saw the deceased alive an FEB 215+1967, and that death accurred at 600 MM, from causes and an the date stated about 22a. SIGNATURE 22b. DATE SIGNED 22c. PHYSICIAN'S 22c. PHYSICIAN'S 22d. ADDRESS ATTENDING DIRECTOR STAFF 22b. DATE SIGNED 22c. PHYSICIAN'S 22d. ADDRESS ATTENDING DIRECTOR STAFF 22d. ADDRESS ATTENDING DIRECTOR STAFF 22b. DATE SIGNED 22c. PHYSICIAN'S	rise ta immediate cause (a),) resorate grand
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PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19 200. INJURY OCCURRED While at wark factory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased fram FEB 20, 1967, ta FEB 21, 1967, that (I) (we) saw the deceased drive an FEB 21st 1967., and that death accurred at 600 MM, fram causes and an the date stated about 22a. SIGNATURE ATTENDING PHYS. 22c. PHYSICIAN'S 22d. ADDRESS ATTENDING DIRECTOR PHYS. 22d. ADDRESS A DIRECTOR PHYS.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19 20d. INJURY OCCURRED While of wark of wark of the deceased from FEB 20, 1967, to FEB 21, 1967, that (I) (we) saw the deceased drive an FEB 21st 1967, and that death accurred at 6.04 M, fram causes and an the date stated above 22a. SIGNATURE ATTENDING PHYS. 22c. PHYSICIAN'S 22d. ADDRESS ATTENDING DIRECTOR STAFF PHYS. 22d. ADDRESS A DIRECTOR DIREC	NOTE TO THE PROPERTY OF THE PR	PERFORMED?
21. I certify that (I) (this haspital) attended the deceased fram FEB 20, 1967, ta FEB 21, 1967, that (I) (we) saw the deceased alive an FEB. 21st 1967, and that death accurred at 6.04 M, fram causes and an the date stated about 22a. SIGNATURE 22b. DATE SIGNED 22c. PHYSICIAN'S 22c. PHYSICIAN'S 22d. ADDRESS		. (Enter nature of injury in Part I ar Part II of item 1B.)
saw the deceased alive an FEB. 21st 1967, and that death accurred at 6.0AM, from causes and an the date stated about 22a. SIGNATURE Th. Stables for a great - M.D. ATTENDING DIRECTOR DIRECTOR PHYS. 22b. DATE SIGNED 22c. PHYSICIAN'S 22d. ADDRESS 22d. ADDRESS	20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19 20d. INJURY OCCURRED While of wark at wark at wark	
22a. SIGNATURE Th. Is abelle that great - M.D. ATTENDING MED. DIRECTOR STAFF Z-21-67. 22c. PHYSICIAN'S 22d. ADDRESS 0	21. I certify that (I) (this haspital) attended the deceased fram_	FEB 20, 1967, to FEB 21, 1967, that (1) (we) las
Th. Is challe the great - M.D. ATTENDING DIRECTOR STAFF DI Z-21-67. 22c. PHYSICIAN'S 22d. ADDRESS 0	saw the deceased alive an FEB. 21st 1967, and th	at death accurred at <u>6 • 0 A</u> M, fram causes and an the date stated above
	1 1 1	ATTENDING MED. STAFF
The state of the s	22c. PHYSICIAN'S NAME (Type)M. 1. MAC GRESOR	1 61. 1 /4 4
230. BURIAL (REMATION, PARMATION, PRINCE CONTINUED PRINCE		
24. FUNERAL DIRECTOR E. S. Mac Wall 301 Frederick Rd, DATE FB 2 4 1967 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE FB 2 4 1967	24. FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Els Was Valle Sol Frederich	DATE B Z 4 196

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	01752	CERTIFICATE	OF DEATH	0	1749
1.	PLACE OF DEATH a. COUNTY BALTIMORE	MARYLAND	2. USUAL RESIDENCE (W	Where deceased lived, if institution: b. COUNTY —	Residence before odmission)
	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside carparote limits, write RURAL	and give neorest town)
Shauld be filled with the State Dept. of Health prior to burial, crematian, or remayal, and in any event, within 72 haurs affice de the manual of the state of th	write RURAL and give neorest town) FORT HOWARD.	245 DAYS	BALTIMOR	13	3 .4
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	pital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	VETERANS ADMINISTRATION	HOSPITAL	671 S. W	TICKHAM ROAD	YES NO
3.	NAME OF First	Middle	Last	4. DATE Manth	Doy Year
	(Type or print) WILLIAM		BRANDT	DEATH FEBRUARY	
5	SEX 6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH		FUNDER I YEAR IF UNDER 24 HRS
	TESTINE INTERTED		CTOBER 8, 1	893 73 yrs.	
1	a. USUAL OCCUPATION (Give kind af wark dane tring mast af warking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
P	TPEFITTER	RAILROAD	BALTIMORE	MARYLAND	U.S.A.
13	3. FATHER'S NAME		14. MOTHER'S MAIDEN N	TAME	
	FREDERICK BRANDT		MARY DAUM		
	 WAS DECEASED EVER IN U.S. ARMED FORCES? (es, na, ar unknawn) (If yes give wor or dates of service) 		NFORMANT	VA HOSPITA	L
`	YES WWI	218 03 83 97 CI	LINICAL RECO	RDS FORT HOWAR	D. MARYLAND
	18. CAUSE OF DEATH (Enter only one cause per li				INTERVAL BETWEEN
	IMMEDIATE CAUSE (a)	HEPATIC COMA			60NSEA AND DEATH
	5 6 / DUE TO		The state of the s		
	Conditions, if ony, which gave (b)	LAENNEC'S CIRRHO	SIS		UNKNOWN
	stoting the underlying couse DUE TO				
	last.) (c)				The latter stilledeck
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU				19. WAS AUTOPSY PERFORMED?
3	CARCINOMA OF PROSTAT				YES NO
CKIII	OR CONTRIBUTING CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in I	Part I ar Part II at Item 18.)	
		20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form	, 20f. (City or tawn)	(County) (State)
AEDIC AEDIC	Haur o.m.	While Nat While fact	ary, street, office bldg., etc.)	(-,	(caoms) (21016)
=	p.m. 17	ot wark U at work U	WAY 32 1	044 . man 15	10.67 11 1 1/6/ 11
	21. I certify that (1) (this haspital) sow the deceased alive an FEB	15. 10 67 and the	t death accurred at	551A M from courses on	_, 19 <u>Of</u> , that (y) (we) I
	22g, SIGNATURE		i dedili decolled of	ZZ— M, HOHI COOSES OH	22b. DATE SIGNED
	G- 180 9A	TOBX MI	D. ATTENDING D	MED. STAFF DIRECTOR PHYS.	2/15/67
	22c. PHYSICIANS	1000	22d ADDRESS		
	MANNE (TIME) GEORGE C. MC	ELFATRICK, M. D.	VAH FOI	RT HOWARD, MARY	LAND
3	BO. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (State)
	REMOVAL (Specify) 2/17/6-	BALTIMORE NATIO		BALTIMORE.	
2	24. FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D	BY REGISTRAR 2Sb. REGIS	TRAR'S SIGNATURE
	AM	BROSE FUNERAL HOM	E EFR	2 1 1967 / Miles	when Judge

ARBUIUS, MARY LAND

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

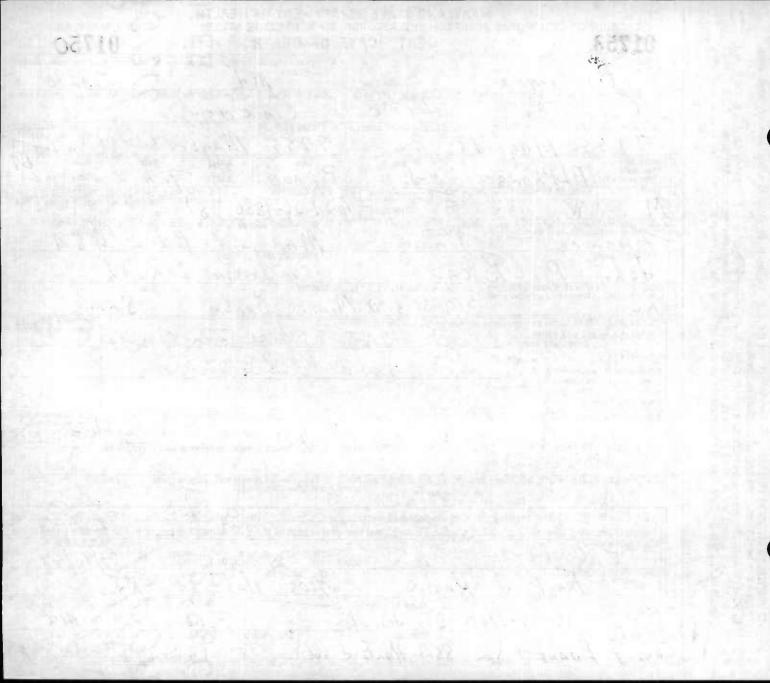
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		MARYLAND S'	TATE DEPAR	RTMENT OF	HEALTH		
DIVISION OF	STATISTICAL	RESEARCH AND	RECORDS, 30	1 W. PRESTON	STREET, BAL	TIMORE 1, MAR	YLAND
01753		CERT	TIFICATE (OF DEATH		017	50
						V.1	

01.00	01.00
1. PLACE OF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE
DALIMORE MARYLAND	M& DALIO
b. CITY OR TOWN (if outside corporate limits, write RURA), and give nearest town)	c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)
CAICNEY LIFE	CARNEY 02-1
d. NAME DF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS ON A FARM?
1 MANT OF MANT OF	17) MAGLEN (2 YES LIND)
3. NAME OF DECEASED (Type or print) ALPLONSES Middle	BRAUN 4. DATE Month Day Year 6/ OF TE / 10 19 64
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Months Days Hours Min.
WIDDWED DIVDRCED	10212 26-1880 8° yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MDTHER'S MAIDEN NAME
III D Kan	
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY ND. 17.	INFORMANT Address
(Yes, no, or unknown) (If yes give war or dates of service) 21/1 - 36-3 08/	MINNIE BRAUN SAME
18. CAUSE OF DEATH [Enter only one cause per ling for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: CITEROSCLEPTH	a Conditionascular & escase ONSET AND DEATH
4201 DUETO 11511.	0.00
Conditions, if any, which gave rise to immediate (b)	dieldegration
gave rise to immediate cause (a), stating the DUE TD	
underlying cause last. (c)	STED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) /19. WAS AUTOPSY
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	rey disease producing periode NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIBE HOW INDURY DCCL OF CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, WOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of Nem 18.)
	CE_DF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME DF INJURY Month Dey, Year 2Dd. INJURY OCCURRED 20e. PLA Hour a.m. While at work at work	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	1960 to tel 196/ that (11) lwe) last
	death occurred at 730 M, from the causes and on the date stated above.
22a. SGNATURE	22b. DATE/SIGNED
M.E. M.E	
22c. PHYSICIAN'S NAME (Type) RANK V KASIK	9005 HAR FORT RL
236. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME DE CEMETER)	OR O
DURIAL 12-13-1761 31 JOSCPL	tother box Ma
24. FUNERAL DIRECTOR ADDRESS ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
CAAS, T. FUANS Y JON 8804 HARTORE	2 12 DATE FEB 14 1961 June 1961



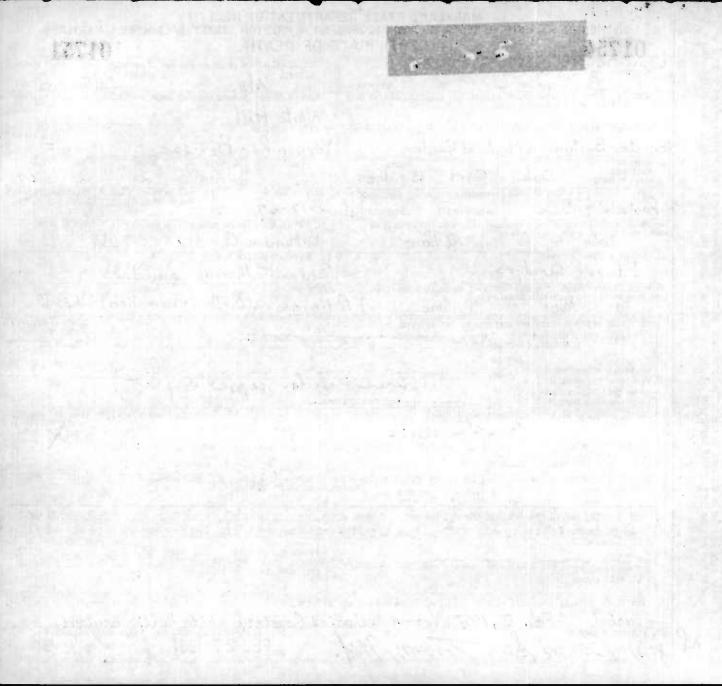
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	U1754 CERTIFICA	IE OF DEATH 01751
1.	PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
10	D. It	a. STATE Md b. COUNTY Boltimore
	b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1)	
	write RURAL and give nearest town)	White Hall 03-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	s) d. STREET ADDRESS / Le. 1S RESIDENCE
6	reater Baltimore Medical Center	Vernon Rd - Box-22c ON A FARM?
3.	NAME OF DECEASED (Type or print) Baky Girl Bridges	Last 4. DATE Month Day Year OF DEATH 2 23 1967
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	tenale Cauc. WIDOWED DIVORCED	2-17-67 last birthday) Months Days Hours Min.
10a dui	a. USUAL OCCUPATION (Cive kind of work done ring most of working life, even if retired) At Home	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Edward Pridges	Sara Matherine Jaunders
	6. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 es, no, or unkown) (If yes give war or dates of service) None None	Admission (Birth Information) Chart
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	7547	
	Conditions, If any, which	Sold Alice and a sold a sold and a sold a sold a sold and a sold and a sold a sold a sold a sold a sold and a sold
	gave rise to immediate	receller and delect
	cause (a), stating the DUE TO	The state of the s
2	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
CATIC	Odu Malogoel &	PERFORMED?
CERTIFICAT	202. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part I or Part II of item 18.)
		LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MEDICAL		tory, street, office bldg., etc.)
ME	p.m. 19 at work at work	
		2-17-, 19 7, to 2-23, 19 7, that (1) (we) last
		nat death occurred at 4.50 AM, from the causes and on the date stated above.
	22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
		I.D. PHYS DIRECTOR PHYS
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
238	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	RY OR CREMATORY 23d. LOCATION (City, town or county) (State)
-	REMOVAL (Specify)	1 C
24	FUNERAL DIRECTOR / ADDRESS	odist (emetery White Hall, Maryland)
1	John Buren Sono Troom WI	FFR 2.7 1967 Milantes Judge
4	Mill Reported Sound Learner I'm	DATE CO DO 1001

VR A15 (4) 20M 1/65

27416



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

755

CERTIFICATE OF DEATH

01752

					V	1100	
PLACE OF DEATH O. CDUNTY	BALTIMORE		MARYLAND	- CTATE	Where deceosed lived, if institution: Res YTAND b. COUNTY	idence before odmission)	
b. CITY DR TOWN	(If outside corporate limits, and give neorest town)		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or BALTTIMORI	utside corporote limits, write RURAL and	give nearest town)	
	PITAL OR INSTITUTION (If not in	hospital o		d. STREET ADDRESS		e. IS RESIDENCE	
	ADMINISTRATIO				MADEIRA STREET	DN A FARM? YES NO X	
3. NAME OF DECEASED (Type or print)	First GEOF	RGE	Middle EDWARD	Lost BRIGHT	4. DATE Month OF DEATH FEBRUARY	Doy Year 27. 19 67	
S. SEX				B. DATE OF BIRTH	last birthdoy) Month	DER 1 YEAR IF UNDER 24 HRS. ns Days Hours Min.	
	ON (Give kind of work done		ND DF BUSINESS OR	10 17 96 11. BIRTHPLACE (County	8 Stote, or foreign country) 12	. CITIZEN DF WHAT	
FIRER	ng life, even if retired)	BRAS	DUSTRY SS FOUNDRY	BALTIMORE	MARYLAND U	CDUNTRY? J.S.A.	
13. FATHER'S NAME				14. MOTHER'S MALDEN			
GEORGE	E. BRIGHT			Sophie	OberSeider		
IS. WAS DECEASED E	VER IN U.S. ARMED FDRCES?		SOCIAL SECURITY ND. 17.	INFORMANT	Address		
YES	(If yes give wor or dotes of se WW - 1		7 01 30 96 C	LIN REC VE	F ADM HOSP FT HOW	JARD MD	
1B. CAUSE OF PART I. DI	DEATH (Enter only one couse EATH WAS CAUSED BY:	per line for				INTERVAL BETWEEN	
46:	465 X IMMEDIATE CAUSE (o) DUE TD						
	Conditions, if ony, which gove) (b)						
	rise to immediate couse (o), stating the underlying couse (
last. —	TATEL MATERIAL TOTAL TOT						
PART II. OTHER CEREE CONTE	SIGNIFICANT CONDITIONS CONT RAL ARTERIOSC ACTURES: DECU			THE TERMINAL DISEASE CD JRE LEFT FEV	NDITION GIVEN IN PART 1(0) NORAL NECK; HIPS	19. WAS AUTDPSY PERFORMED? YES NO	
200. ACCIDENT V	VAS UNDERLYING ☐ NG ☐ CAUSE DF DEATH FY MEDICAL EXAMINER)		SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 1B.)		
Hour Hour	p.m. 19	While of work	Not While of work	ICE DF INJURY (Home, form tory, street, office bldg., etc.)	(County) (Stote)	
21. I cer saw the	21. I certify that (f) (this haspital) attended the deceased from Feb. 23, 1967, to Feb. 27, 1967, that (N) (we) last saw the deceased olive on Feb. 27, 1967, and that death accurre 3 a 30 a. M, from causes and on the date stated above.						
22o. SIGNATUR	220. SIGNATURE M.D. ATTENDING MED. STAFF 22b. DATE SIGNED 2/27/67						
22c. PHYSICIAN NAME (Typ	oe) NEILON NEIL	SON,	M. D.	VAH FC	ORT HOWARD, MARYLA	IND	
230. BURIAL, CREMA REMOVAL (Spec BURIAL	110N, 23b. DATE THEREO 3 - 2-6	OF 7	23c. NAME OF CEMETERY DR HOLY RED	CREMATORY Com teny	23d. LDCATION (City or Town) BALTIMORE, M	(County) (Stote)	
24. FUNERAL DIREC		e	CVACH FUNERAL		D BY REGISTRAR 1967 REGISTA	S SIGNATURE Judge	
- /	1		MONUMENT ST.	BALL INORE . 1		¥	

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2, should be filed with the State Dept. of Health prior to buriol, cremation, or remove, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

3 1040 - 1040 - 1 SEX REMAIN THE VENANT R THE PARTY OF THE P Option of the contract of the A.P.T. CHANGE CHANGE THREE CALLS Service of Charles dr. damen and special startistic transfers to the second second second Quite to Manufille Z. Company of the state of the sta

3:30 SOUTH THE PARTY OF THE PARTY OF

THE VALL POSE RUSALIO, PART AND in the process of the second

3-2-67 THE PARTY OF THE PARTY AND MANY AND MAN HALF TO THE THEORY OF THE PARTY MIN SELL SALL COOKE, ID.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please lemove carbon papers. Pages 1 and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and it any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01756
CERTIFICATE OF DEATH
01753

a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, it institution: Residence before admission)					
Baltimore MARYLAND	Miryland Baltemare					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
Ridgeway Manor (onvalescent Home	11	onia Avenue	YES NO A			
3. NAME OF First Middle DECEASED (Type or print) Harry E. Bruchey	Last	4. DATE Month OF DEATH Februs	Day Year aru 9 19 67			
A. V.	8. DATE OF BIRTH	Q ACF (In years II	FUNDER 1 YEAR IE UNDER 24 HRS.			
Male White WIDOWED DIVORCED	April 29, 18,					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad 10b. KIND OF BUSINESS OR INDUSTRY	Frederick		12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME	14. MOTHER'S MAIDE	N NAME				
John Bruchey	Susan.					
	INFORMANT	Address	B			
	John E. Lilly	- 28 Beech D.	rive -21220			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	Henon	Mars	INTERVAL BETWEEN ONSET AND DEATH			
331X DUE TO						
Conditions, if any, which) (b)						
gave rise to immediate cause (a), stating the DUE TO						
underlying cause last. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN P	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO			
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of I	njury in Part I or Part II of	Item 18.)			
Hour a.m. While Not While	CE OF INJURY (Home, fari ory, street, office bldg., etc	m, 20f. (City or town)	(County) (State)			
21. I certify that (I) (this hospital) attended the deceased from	10 mm 19	61 Jo9.7el	196 2, that (I) (we) last			
saw the deceased alive on 9 7 196 7, and that	death occurred at 3	M, from the causes a	and on the date stated above.			
22a, SIGNATURE	220 SIGNATURE					
M.I	D. PHYS. DI	ED. STAFF PHYS.	10 Tue			
22c. PHYSICIAN'S NAME (Type) WILLIAM GOOD MAN	(1) 22d. ADDRESS / 1332 / 1	Iphen &	mP1-21227.			
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER		23d. LOCATION (City, to	wn or county) (State)			
Bemoval (specify) 2-13-67 Loudin Pa	4	Baltimore	Maryland			
24. FUNERAL DIRECTOR ADDRESS	25a. REC'	D BY REGISTRAR 25b. RE	GISTRAN'S SIGNATURE			
John (. Miller Inc-6415 Belain Road-21	206 DATE FE	DIT TOOL	0			

VR A15 (4)

A months of the second of the

death.

funeral and 2 death. Pages 1 by the emove-carbon papers. Pag any event, within 72 hours .= filled completely by remove = physician lease and O removal. attending permit. Then 10 permit. for use as the burial-transit perr Health prior to burial, cremation, the been signed by TO FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prior Page 4 may director, p

PLACE OF DEATH a. COUNTY

NAME OF

SEX

Female

5.

DECEASED

(Type or print)

after hours within executed be certificate death The law requires that the OR ATTENDING PHYSICIAN: The Taw Tequines the bespitel or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH

AND	KEUU	יצטאי	301 44.	PRESTUN	SIKEE
ERT	IFIC	ATE	OF	DEATH	

01757	N OF STATISTIC	AL RESE			, 301 W. PRESTO E OF DEATH	_	ET, BALTIMORI	017	LAND 54
PLACE OF OEAT COUNTY Ba	H altimore		M/	ARYLAND	a STATE	ce (Where de land	eceased lived, If instit b. COUNTY		
write RURAL	N (if outside corporation and give nearest town and alk	n)	c. LENCTH OF S	ek	c. CITY OR TOWN (IF		rporate limits, write	RURAL and g	ive nearest town
	spital or institution Lde Drive	N (if not in h	ospital, give stree	at address)	d. STREET ADORESS ON A FARM? YES NO X				
NAME OF DECEASED (Type or print)		rst va	Middle E.		Last Bryant	4. OATE OF OEAT		oa ₂	
ma le	6. COLOR OR RACE	7. MARRIEO W100WEO		110	2/2/90	9		onths Oays	Hours Min.
usual occupating most of work Housewi	FION (Cive kind of work ling life, even if retire LIE	done 10b. H	(INO OF BUSINESS NOUSTRY	OR	11. BIRTHPLACE (C	county & State	e, or foreign country)	12. CITIZEN COUNTR U. S.	Y?
FATHER'S NAM		Crocker			14. MOTHER'S MAIO	oen name lot Kno	own		
	EVER IN U.S. ARMEO FO (If yes give war or dates o	f carries)	SOCIAL SECURITY 20-24-221		ne Stipek,	8341 E	Address Bear Creek		
	OEATH [Enter only on EATH WAS CAUSEO BY IMMEDIATE CAUSE	P		any O	edema				ERVAL BETWEEN SET AND DEATH
Cenditions, If gave rise to	Immediate ((b)	Influence	ar	Cordia.	e J	Tarley	1	weels
cause (a), s underlying caus PARTIL OTHERS	se last.	(c) (Exteris UTING TO DEATH BI		TEO TO THE TERMINAL			RT 1(a) 19	
	WAS UNOERLYING				RREO. (Enter nature o			Y	PERFORMEO?
OR CONTRIBUT (IF EITHER, NO	ING CAUSE OF OFA TIFY MEDICAL EXAMI	TH NER)							(0)
20c. TIME OF Hour a.i p.		Year 20d. While at wor			CE OF INJURY (Home, firy, street, office bldg., e		(City or town)	(County)	(State)
saw the de	fy that (1) (this hose ceased alive on	oital) attend	led the decease	,	death occurred at	966, to A. M, f	rom the causes an	d on the da	
22a. SIGNATU 22c. PHYSICIA	norsis G.	Jeed	· /	M.0		MEO. OIRECTOR	STAFF PHYS.	2/27 2/27	
NAME (T	ype) Morris	. Jaco		M. D.	1010 Nort		nt Rd. Dung		
BURIAL, CREN	MATION, 23b. OATE		23c. NAME OF	CEMETERY	OR CREMATORY	230. L	OCATION (City, town		(State)

10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) 10b. KINO OF BUSINESS OR INOUSTRY Housewife 13. FATHER'S NAME Crocker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) | (If yes give war or dates of service) 220-24-2212 No 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **OUE TO** Conditions, If any, which (b) gave rise to Immediate **OUE TO** cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE 20a. ACCIDENT WAS UNDERLYING [**OESCRIBE HOW INJURY OCC** OR CONTRIBUTING CAUSE OF OF OTH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20e. PL 20c. TIME OF INJURY Month, Oav. Year Hour a.m. Not While at work 19 at work p.m. 21. I certify that (I) (this hospital) attended the deceased from... saw the deceased alive on and tha 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Jacobs M. Morris A. BURIAL, CREMATION, 23b. OATE THEREOF BURIAL (Specify) 2/28/67 23c. NAME OF CEMETER Oak Lawn Cemetery Baltimore, Ma. 24. FUNERAL DIRECTOR REC'O BY REGISTRAR 25b. REGISTRAR'S SICNATURE John J. Duda, 7922 Wise Ave. Dundalk, Md. 8

VR A.15 (4) 1/65 20M

TO HOSPITAL

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Page of Health, irector. or your Board retained he State B 3 to the fun death. the after 9 with may pue 2, and and 4 2 within 24 hours after Give Pages 1, 2, orm PM3. Page pages | within in pencil in Item 18. Give FIG event permit. This certificate should be executed Office along burial-transit p = and removal "pending" n Examiner's Se 0 used a cremation 200 certificate, writing the word Medical plnods EXAMINER: burial, Chief 0 should be forwarded to the FUNERAL DIRECTOR: Pa designated agent, DEPUTY its 0 40

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) 1. PLACE OF DEATH e. COUNTY e. STATE b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and giva nearast town) Edgemere HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. NAME OF Bucher Road 4. DATE NAME OF Middle Last Month OF DECEASED (Type or print) DEATH BUCHER February ANN AGE (In years LIF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months Female White WIDOWED DIVORCED VIS. Dec. 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Stala or foreign country) done during most of working life, even if retired) Baltimore, Maryland Own Home Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Maryanna Peter Bestry IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unkown) | (If yes give weror dates of service) Martin R. Bestry 5703 Belle Vista Ave. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) geve risa to immediate cause DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 1B.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 2Dd, INJURY OCCURRED 20e. PLACE OF INJURY (Homa, ferm, 20f. (City or town) Month, Day, Year 20c. TIME OF INJURY factory, street, office bldg., etc.) Not While Hour a.m. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry Suicide Homicide Undetermined manner death resulted from Natural causes Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S

VS. AISME SM 9/60

NAME (Type)

Burial

22a. BURIAL, CREMATION,

23. FUNERAL DIRECTOR

REMOVAL (Specify)

1901-07 Eastern Ave. Lilly & Zeiler Inc.

22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

Rosary

Holy

Baltimore County, Mary Maryland

22d. LOCATION (City, town, or country)

Baltimore

Day

Days

IS RESIDENCE

ON A FARM?

67

YES NO

Year

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

YES T

and in my opinion

DATE SIGNE

(State)

(County)

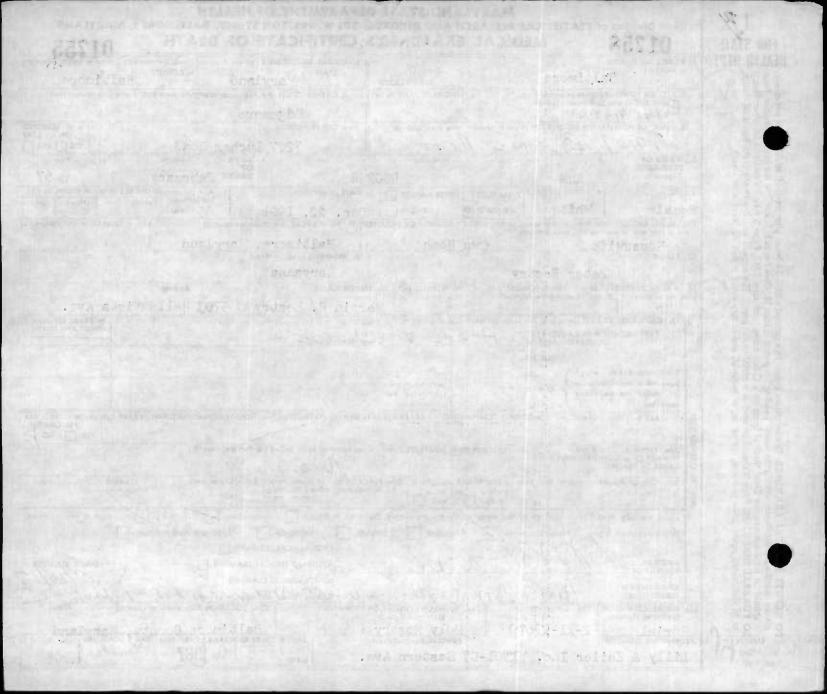
NO

(State)

12. CITIZEN OF WHAT COUNTRY?

IF UNDER 24 HRS.

DATE



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLA RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA CERTIFICATE OF DEATH

	01759 CERTIFICATE	OF DEATH	01756				
1.	1. PLACE DF DEATH a. COUNTY 2.		ed lived, If Institution: Residence before admission)				
1	Baltimore MARYLAND	a. STATE Mary/ and	b. COUNTY Baltimore				
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	CITY OR TOWN (If outside corpor	ate Ilmits, write RURAL and give nearest town)				
	CatonsvIII	Arbutus	03 1				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d.	STREET ADDRESS	e. IS RESIDENCE ON A FARM?				
	Paradise Nursing Home	314 BIrch A	Ve. YES NO				
3.	DECEASED	Last 4. DATE OF	Month Day Year				
5.	(Type or print) Hana K. Burns 5. SEX 6. COLOR OR RACE 7. MARRIED 1. NEVER MARRIED 1. 8. D	ATE OF BIRTH 19. A	GE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.				
1	NEVER MARRIED NEVER MARRIED	. I It	ast birthday) Months Days Hours Min.				
10	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11)	L. BIRTHPLACE (County & State, or	foreign country) 12, CITIZEN OF WHAT				
01	during most of working life, even if retired) INDUSTRY	Mariland	COUNTRY?				
13	HOUSEWORK OWNHOME 14.	11. 11 1/1-1					
Jo	John V. Schwarzkopf	UnKNOWN					
1! (Y	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFE	DRMANT	Address				
	No Cath	erine Rodenhil	314 Birch Ave				
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	. / / .	INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) O CORES (A)	-hrombosis	Immediate				
	DUE TO (2) Chris Bruin Syndiams						
	conditions, If any, which gave rise to Immediate (b)	Avtaro sela	@sis 57.5				
	cause (a), stating the DUE TO underlying cause last.	7 /1 / 1.0					
NO		TO THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(a) 19. WAS AUTOPSY				
CAT	CAT		PERFORMED?				
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)). (Enter nature of Injury In Part	l or Part II of Item 18.)				
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE O factory, st	F INJURY (Home, farm, reet, office bldg., etc.)	y or town) (County) (State)				
	21. I certify that (I) (this hospital) attended the deceased from	77/6,99, to_	19, that (I) (we) last				
		th occurred at	the causes and on the date stated above.				
	22a. SIGNATURE	TTENDING MED.	STAFF 22b. DATE SIGNED				
		PHYS. DIRECTOR L	PHYS.				
	NAME (Type) W. L. ME (nath	1303 Prederica	Ave Cotinsylle Hand				
23	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCA	TION (City, town or county) (State)				
1			more, Maryland				
24	24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTR					
1/	Imprise Me 1328 Xullehen Aprina Oll.	DATE	4 4				

VR AI5 (4) 20M 1/65

. The state of the s Non-Real State of the State of Completed the State of the stat Tros Colonia and Colonillations ALTER THE STATE OF THE STATE OF

FOR STATE HEALTH DEPT.

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with form PM3. Page any delay is he State Department of

Health priar ta burial, cremation, or remaval, and in any event within 72 haurs after death. 5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

MARYLAND STATE DEPARTMENT OF HEALTH

04800		ITAL RECORDS, 301 W. PREST			201	
01760	Night and the	MEDICAL EXAMINER'S	CERTIFICATE	OF DEATH		11757
o. COUNTY	BALTIMORE	MARYLAND	CTATE	(Where deceosed lived, if install yland b.	county	pefore odmission)
	If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	outside corporate limits, write	e RURAL and give ne	arest town)
Randal		kesville		lal1stown		0.3-1
	AL OR INSTITUTION (If not in h Funeral Home	ospital, give street oddress)	d. STREET ADDRESS 9309	9 Liberty Roa	ad	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Trville	Middle Clayton	BURNS IDE	0.5	Month bruary :	Doy Year 22, 19 67
s. sex Male		ARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH	9. AGE (In yeo last birthdo 35 y	rs IF UNDER 1 YE y) Months Do	AR IF UNDER 24 HRS
during most of working		10b. KIND OF BUSINESS OR INDUSTRY TRUCKING	11. BIRTHPLACE (Stot	e or foreign country)	12. CITIZE COUNT	
13. FATHER'S NAME	0	nsips	14. MOTHER'S MAIDEN	I NAME		
1S. WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes of serving 1950 – 1954	16. SOCIAL SECURITY NO. 17.	INFORMANT		Address 102 N	CHARTER
932 5	EATH (Enter only one couse per IH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), ond (c).) Exposure to cold		l with acute	G. B., M.	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, rise to immediat stating the under lost.	e couse (o),					
PART II. OTHER SI		BUTING TO DEATH BUT NOT RELATED TO	4.7	ONDITION GIVEN IN PART 1(d)	19. WAS AUTOPSY PERFORMED? YES X NO
200. EXTERNAL CA PRIMARY LOO CO CAUSE OF DEATH.	USE WAS	20b. DESCRIBE HOW INJURY OCCURRED n Exposed to col	. (Enter noture of injury in	n Port I or Port II of item IB	3.)	
20c. TIME OF INJU-	0 10	20d. INJURY OCCURRED 2 20e. PL While Not While fo	ACE OF INJURY (Home, for ctory, street, office bldg., et le of road		n) (County	(Stote)
21. I certif		the remoins described obove, houses , Accident X, Sui	icide 🔲, Homicid	e, Undetermine		and in my apinia
ACTUAL SIGNATURE	Drues u	3.70-	Trial D.	EDICAL EXAMINER		22. DATE SIGNED
EXAMINER'S NAME (Type)	Werner U. Sp	itz, M.D.		cal EXAMINER et, city, town, or county)	February	23, 1967
230. BURIAL, CREMATIC) //4	23c. NAME OF CEMETERY OR		Ba win	1.1	ounty) (Stote)
24. FUNERAL DIRECTO	R ITAREUI,	ADDRESS			. REGISTRAR'S SIGN	ATURE

VR A15ME (5) 6M 1/67

GONCE 4001 RITCHIE Huy

- 01757

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then Desce remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0176	1		CERTIF	ICATE	OF DEATH				017	758		
PLACE OF DEATH a. COUNTY	Baltimo	re	MAR	YLAND	2. USUAL RESIDENCE (W		h com		nce befor	e admissio	on)	
b. CITY OR TOWN write RURAL of Towson	I (If autside carparate limits and give nearest tawn)		c. LENGTH OF STAY	IN 1b	,	TY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Baltimore 21234						
	St. Joseph Ho		e street address)		d. STREET ADDRESS 3025	Che	sley Aven	ue		e. IS RESIL ON A F	DENCE ARM? NO	
3. NAME OF DECEASED (Type or print)	Fire Eul 3	t	Middle H •	Bu	Lost rtch	4. DAT OF DEA		th ruary	Day	Yeo	or 67	
S. SEX	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIE		. DATE OF BIRTH 8-10-92	DEA	9. AGE (In years last birthday)	IF UNDER Months		Haurs		
	ON (Give kind af wark dane ng life, even if retired)	INDU	o of BUSINESS OR USTRY ern Elect	9-17	11. 8IRTHPLACE (County Kansas				ITIZEN OI OUNTRY			
		Butte				YAME	Christina		str	ing		
(Yes, no, ar unknown	(If yes give wor or dates a	service) 215	CIAL SECURITY NO03-9572A	Mrs	offormant G. Grace Bur	rtch	Addr		ume)			
PART 1. DI	ny, which gave ate cause (a), derlying cause	o) Inter	stinal in		ion ted hernia					ERVAL BET SET AND C		
PART II. OTHER	SIGNIFICANT CONDITIONS CO									WAS AUTO PERFORM ES X	OPSY IED? NO	
OR CONTRIBUTI	VAS UNDERLYING □ NG □ CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY C	CCURRED. (Enter noture of injury in t	Port I or	Port II of item 18.)		33			
20c. TIME OF I	NJURY Month, Day, Year a.m. p.m. 19	20d. INJ While at wark	URY OCCURRED Nat While at wark		E OF INJURY (Hame, farm rry, street, office bldg., etc.)		f. (City or town)	(Co	ounty)	((Stote)	
21. I cei	tify that (this hose deceased alive on E	eb. 1	the deceosed 19 <u>67</u> ,	from J ond that	ATTENDING PHYS.	MED. DIRECTOR	OW, from couses	and on 22b. I	the date SIGN	1,196	dobove	
230. BURIAL, CREMA REMIDIVAL (Space		REOF	23c. NAME OF CEM Parkwo		emetery		LOCATION (City or To Baltimo		(County	·) (S	tate)	
24. FUNERAL DIRECT	J. Ruck, Inc	. Balto	ADDRESS Md. 212	214	2Ser-RECCO DATE	BY REG	1967 2Sb. RI	GISTRAR'S	SIGNATU	RE		

. 7.15-24.5

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VR A15 (4) 20 M 1/66

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0170%	CERTIFICATE	UF DEATH		0171	0	
1.	PLACE OF DEATH			Where deceosed lived, if institut		or admissio	on)
	Baltimore	MARYLAND	o. STATE Mar	vland b. coul	Baltimo	ore	
1	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b		utside carparote limits, write RU			
3	write RURAL ond give neorest town) Baltimore	17 yrs.	Baltimore			13.1	/
	d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	ospital, give street address)	d. STREET ADDRESS		2010	e. IS RESID ON A FA	DENCE
	6606 Windsor Mill Ro	oad	6606 Wind	sor Mill Rd.		person	NO 🗌
3.	NAME OF First	Middle	Last	4. DATE Mont	th D	oy Yed	or ne
	DECEASED (Type or print) Evelyn	L. Burton		DEATH Febuar	v 1	19 6	57
5.	SEX 6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	B. DATE OF BIRTH	Q AGE (In years	Months Days		24 HRS.
1	Female White WIL	DOWED DIVORCED X	9-26-1896	70 birthday)	months Date	, 110013	(11)
	o. USUAL OCCUPATION (Give kind of wark dane ring most of warking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& State, or fareign country)	12. CITIZEN COUNTRY		
uui	At Home	INDUSTRI	Baltimore	е	USA		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
	ohn Benjamin Frankli			Smith			
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, ar unknown) ((If yes give war ar dates af servic	16. SOCIAL SECURITY NO. 17.	INFORMANT	Addre	ess		
1.	NO	NONE Ev	relyn M. Bur	rtom -6606 Wi	ndsor N	fill R	d.
	1B. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:	line for, (a), (b), and (c).)	7			NTERVAL BET	
	IMMEDIATE CAUSE (a)	Ceretral /1	rombore	0		5113E1 71110 0	
	SOON DUE TO	27-000		2	/		
	Conditions, if ony, which gave isse to immediate cause (a).	repris seci	verb -	pheralye.	9		
	stating the underlying cause DUE TO	D. I st	11000 ×		/		
	last. (c)	DELIVER TO DEATH BUT NOT DELATED TO	THE TERMINAL DIFFASE COL	NOTION CIVEN IN DADE 1/->		9. WAS AUTO	VSQ
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COL	NUTTION GIVEN IN PART I(d)		PERFORM	ED?
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING □	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part Lar Part II of item 18)		113	MO []
ERTI	OR CONTRIBUTING CAUSE OF DEATH	205. DESCRIBE HOW INSORT OCCURRED.	(Enter notote of injury in	run i ur run ii oi nem ib.,			
SE	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Yeor	20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Hame, farn	n. 20f. (City or town)	(County)	- (Stote)
MEDICAL	Hour a.m.	While Not While fac	tary, street, office bldg., etc.		(000)	,	0.0.07
	21. I certify that (I) (this haspital)	attended the decessed from		19, to	10	that (1) (v	wa) las
	saw the deceosed alive on	19 and the	at death occurred at	M, from causes			
	220. SIGNATURE	7			22b. DATE SI		
	Mily L	Emplois M	.D. PHYS.	MED. DIRECTOR PHYS.	12/	2/6	7
	22c. PHYSICIAN'S		22d. ADDRESS		- /	1 1	- 4
	NAME (Type)						
23	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	*	23d. LOCATION (City or To	wn) (Cour		tate)
1	Burial 2-4-1967	Loudon Park	k Cemetery	Baltimore			
2	4. FUNERAL DIRECTOR	ADDRESS		0	EGISTRAR'S SIGNAT	URE	
	Sust Unaco 4600	Liberty Hghts. A	venue DATE	FEB 6 1967	Milare	en Oran	Sec.
-					10	6.	

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FOR STATE HEALTH DEPT.

any delay is

This certificate shauld be executed within 24 hours after death. If

TO DEPUTY MEDICAL EXAMINER:

01763

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health priar to burial, crematian, ar removal, and in any event within 72 haurs after death.

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necessary, please execute the certificate, writing the ward "pending" in pencifm, tem 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 shauld be farwarded to the Chief Medical Examplifice along with farm PM3. Page 5 may be retained for your files. VR A15ME (5) 6M 1/67 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01763	MEDICAL EXAMINER'S	CERTIFICATE OF DEAT	0176	n
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceo		nce before odmissian)
BALTO	MARYLAND	o. STATE M.D.	b. COUNTY B.	ALTO
 b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpore	ote limits, write RURAL and give	ve neorest town)
ESSEX		ESSEX		03-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
3. NAME OF First	T	51 SEVERSK		YES NO L
(Type or print) SALLIE AI	un Butte	RWORTH 4. DATE OF DEATH		Doy Year /2 1967
S. SEX 6. COLOR OR RACE 7	. MARRIED NEVER MARRIED		7. AGE (In years IF UNDER lost birthday) Months	Doys Hours Min.
)- W	WIDOWED L DIVORCED	NOV. 25 1895	7/ yrs.	
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign of		OUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
JOSEPH HOPKI	NS	CHI	RISTIAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of so	ervice)	INFORMANT R.S., DEMPSEY	Address	
1B. CAUSE OF DEATH (Enter only one couse	nor line for (a) (b) and (c))			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	7-5-C-V-	DISCASE		ONSET AND DEATH
4/32/ DUE TO				
(b) rise to immediate couse (a),				
stoting the underlying couse lost.				100000000000000000000000000000000000000
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT BELATED TO	THE TERMINAL DISEASE CONDITION CIV	EN IN PART 1/o	I 19. WAS AUTOPSY
NO LAC	V	bra -	EN HETAKT I(O)	PERFORMED? YES NO
20g. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED.		rt II of item 1B.)	113 110 110
PRIMARY Or CONTRIBUTING (1		
20c. TIME OF INJURY Month, Doy, Yeor	20d. INJURY OCCURRED 20e. PL		(City or town) (Co	ounty) (Stote)
Hour o.m. p.m. 19	While Not While of work	tory, street, office bldg., etc.)		
	of the remoins described above, hi	eld on Autopsy . Inspect	ian W. Inquiry W.	and in my opinian
	causes , Accident , Sui		ndetermined manner	
ACTUAL MARZO		CHIEF MEDICAL EXAMINER		
SIGNATURE OF THE SIGNATURE	w	M.D. ASSISTANT MEDICAL EXAMIN		272. DATE SIGNED
EXAMINER'S M. B. DAVI		DEPUTY MEDICAL EXAMINER MC R NADDWY ASSOCIAL BOSTONIA		2/13/67
230. BURIAL, CREMATION, 23b. DATE THERE REMOVAL (Specify)			OCATION (City or Town)	(County) (Stote)
KEMOUAL -/13	167 PRINCTON			C. VA
24. FUNERAL DIRECTOR	110011200	2So. REC'D BY REGIST	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ionles Judgen
J. L. CONNELLY	SONS 300 1	MACE DATE FEB!	14 1961	0 0

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR-STATE 01764

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01761

HE CHELL BEDT						-				
HEALTH DEPT.		CE OF DEATH						Where deceosed lived, if ins	titution: Resident	ce before odmission)
× 5 € €	0. (Bal	timore		MARY	(LAND	o. STATE Mary	Land b. (COUNTY Balt	imore
P P P P P P P P P P P P P P P P P P P			f outside corporate limit	s,	c. LENGTH OF STAY I	N 1b		utside corporote limits, write	RURAL ond give	neorest town)
PM3.	,	write RURAL and	give nearest town)		THE MALE					12-1
2, 2, p	d. N	AME OF HOSPITA	AL OR INSTITUTION (If no	at in haspital, a	ive street address)		d. STREET ADDRESS			e IS RESIDENCE
ath. If any delay ages 1, 2, and 3 ith farm PM3. Pe		7727 E.	Baltimore	St.			7713 E.	Baltimore St	5.	ON A FARM?
death. Page with f	3. NAI		Fi	rst	Middle		Lost	4. DATE Pronov	moed	Day Year
after death. I		EASED e or print)	JOSEP	H			CAREY	DEATH Februa	ary 25	19 67
	S. SEX		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9. AGE (In year	rs IF UNDER I	
tem 18. Office ald and 2 wi	Ma	le	White	WIDOWED	DIVORCE		9/10/60	lost birthdoy		Doys Hours Min
hours Item 1 Office office			(Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (Stote	or foreign country)		IZEN OF WHAT
s s s	auring	nost of working	life, even if retired)	IN	DUSTRY		1	40	V	UNTRY?
hin 24 ncil in niner's pages prages	13. FA	THER'S NAME					14. MOTHER'S MAIDEN	NAME		
o da da	RE	BTC	. CARE	YSR.			MILDREI	D BALTZ	2	AREY
\			R IN U.S. ARMED FORCES? (If yes give wor or dotes of	16. S	OCIAL SECURITY NO.		NFORMANT	A	\ddress	
executed nding" ir Medical I permit. I	(103,11	NO	(ii yes give wor or dores t) zeraice)	-	R	.C. CAR.	EY 772	-7 E	BALTO. ST
Id be execute rd "pending" Chief Medica -transit permit	16		ATH (Enter only one cou	se per line for	(o), (b), ond (c).)					INTERVAL BETWEEN
d : if if		0	H WAS CAUSED BY: 1MMEDIATE CAUSE	(o) AS	phyxia					ONSET AND DEATH
ward ward the Ch rial-tra		9160	DUE	TO						
shauld e ward a the Cl burial-tr		nditions, if ony, e to immediate		(b) C	arbon mone	oxide				
a ± + .=		ting the under								
ficating rded as a and and	los	it.)	(c)C	onflagrati	Lon				
s, writing farwarded farwarded as a loval, and	Z PA	RT II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
	CERTIFICATION									YES NO X
Thi ficat I be Id be r ren	E 20	O. EXTERNAL CA	USE WAS	20b. DE	SCRIBE HOW INJURY O	CCURRED. (Enter noture of injury in	Port I or Port II of item 18.	.)	
certification of the standard		USE OF DEATH.		Fi	re in row	hous	e	200		
MINER: the cert 4 shaul ur files. e 3 shau natian, 0	MEDICAL S	c. TIME OF INIL	RY Month, Day, Yeor		JURY OCCURRED		E OF INJURY (Home, for		1) (Cot	unty) (Stote)
EXAMINE unter the ce sign yaur files Page 3 sh crematian.	1	1:40 p.n	2-24 19	67 While	Not While of work	Ho	ory, street, office bldg., etc me	.)	Balt	timore Md.
_ U U L		21. I certify	that I took charg	e of the ren	noins described al	ove, hel	ld an Autopsy 🔲,	Inspection K,	Inquiry .	and in my opini
A G G G G		death result	ed from: Nature	al causes	, Accident X	, Suici	de 🔲, Homicide	Undetermined	monner _	
MEDIC please e directar directar etained DIRECT r ta buri			111	, V.			CHIEF MEDICAL	EXAMINER		
ple di di		CTUAL GNATURE	learly .	· of	7al		_M.D. ASSISTANT MEI	DICAL EXAMINER		22. DATE SIGNE
RA Pri		AMINER'S AME (Type)	harles S.	Springa	te, M.D.		DEPUTY MEDIC Address (Stree	AL EXAMINER		2-25-67
O S O E E D		URIAL, CREMATIC		EREOF	23c. NAME OF CEMI	ETERY OR (REMATORY	23d. LOCATION (City o	r Town)	(County) (Stote)
00 m # 20 H	R	EMOVAL (Specify	1 2/2	8/67	CEDA	RF	1166	BALT	O. 14	P,
VR A15ME (5) 0	24. F	JNERAL DIRECTO	R	1	ADDRESS		2Sa. REC	DABY REGISTRAR 25b	. RECUSTOR'S SI	IGNATURE
6M 1/67	~	15	CONNEL	Le so	Nº 300) M.	ACE DATE N	1967 1967	Julia	reas judge

2 . T. omata and . S. E.F.V THO ARE THE PLANT the amountable

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Macyland Dultimase STORY STA 2 tyrs Menklon Monketon Montston Rd. Monkfor Rd Carrell February / E. March 22/884 82 Edtimore Co, Md It St. House do Fr. Daniel S. Wilhelm Tacie B. Merris An O Cover O Weak ten Sed Work Low Mit Fork Mil Faun Crove Method Foun Corne Fenna notice line Feldery Va

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please, chaave carban papers. Pages 1 and 2 should be filed with the State Dept. at Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital or attending physician.

01766		CERTIFICAT	E OF DEATH		01763
1. PLACE OF DEATH a. COUNTY Ba.	timore,	MARYLAND	2. USUAL RESIDENCE (V a. STATE Md	/here deceased lived, if instituti b. COUN	ion: Residence befare admission)
b. CITY OR TOWN (If	outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	tside corparate limits, write RUF	RAL and give nearest tawn)
write RURAL and g			Baltimo	e e	30-11
		hospitol, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
College	Manor N.H		3914 Cl	overhill Rd.	YES NO
3. NAME OF	First	Middle	Lost	4. DATE Mont	h Doy Year
(Type ar print) Jo	hn H. Latrol	be C	ogswell	OF DEATH Febr	ruary 2nd. 1967
S. SEX	. COLOR OR RACE 7. I	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Manths Days Hours Min.
M	Ww	IDOWED A DIVORCED	5-9-1881	last birthday) yrs.	munitis Duys Hours Milli,
10a. USUAL OCCUPATION (Conduing most of working life Navy Insp	ive kind af wark dane , even if retired)	10b. KIND OF BUSINESS OR U.S. Gov t.	11. BIRTHPLACE (County	& Stote, ar foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	ec cor.	0.B. dov 0.	14. MOTHER'S MAIDEN N	IAME	0.021
	r	7			
	K. Cogswel		INFORMANT	A Latrobe Addre	
1S. WAS DECEASED EVER I (Yes, na, ar unknawn) (II	N U.S. ARMED FORCES? yes give wor or dotes af sen				
No		1 80-24-5800A M	rs. John Ho	eyrman	Balto.,Md.
1B. CAUSE OF DEAT	'H (Enter anly ane couse pe WAS CAUSED BY:	er line for (o), (b), and (c).)	3		INTERVAL BETWEEN
	IMMEDIATE CAUSE (a) _	ASKI			ONSET AND DEATH
4200	DUE TO				
Conditions, if ony, w					
stoting the underly					
last.) (c) _				
PART II. OTHER SIGN	IFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
NO LOS CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MISSING CONTRIBUTION MISSING CONTRIBUTION CONTRIBU	CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in I	Port I ar Port II af item 18.)	
20c. TIME OF INJUR Hour a.m. p.m.	/ Manth, Day, Yeor 19		ACE OF INJURY (Home, form ctary, street, affice bldg., etc.)	, 20f. (City ar tawn)	(Caunty) (State)
		Lattended the deceased fram_	77	9 <u>60</u> , ta <u> </u>	, 1967, that (I) (we) la and an the date stated above
220. SIGNATURE	man ugai		ATTENDING 🕡	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
22c. PHYSICIÁN'S NAME (Type)	FMDO	GAN	22d. ADDRESS	Belle ST 1.	Batterine 2120.
23g. BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY OF	CREMATORY	23d. LOCATION (City or To	wn) (County) (State)
Burial Burial	2-4-67	Greenmoun	t	Baltimore	Md.
24. FUNERAL DIRECTOR		ADDRESS	2So. REC'D	BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE
H.W.Jenkin	s & Sons (Co.4905 York Rd	. Balten	B 3 1987	Melanles Judge

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TO HOSPITAL, A STIENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page the retained by the hospital or attending physician.

TO FUNERAL AECTOR. After this certificate has been signed by the attending physician and completely din by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 7-62 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

01767

1. PLACE OF DEAT	Н	TO NOTE:		2. USUAL RESID		ceased lived, If b. COUN		nce bafora edmis	
Balt	imore		MARYLAND	* STAR Baltimore					
	(if outside corporate limits, d give neerest town)	c.	LENGTH OF STAY IN 16	c. CITY OR TOW	'N (If outside corpo	prete limits, write	RURAL and give	nearest town)	
	nsville			Catons	ville		TO NEW	03-1	
d. NAME OF HOSP	ITAL OR INSTITUTION (IF	not in hospital	, giva streat address)	d. STREET ADDRE	ESS			e. IS RESIDE	
1415 Wood	dcliff Avenue	e 28		1415 W	loodcliff	Avenue	28	YES NO	
3. NAME OF DECEASED	First		Middla	Last	4. DATE OF	Month	Dey	Year	
(Type or print)	Julia	a	A.	Coleman	DEATH	Febru	ary 8	1967	
5. SEX	6. COLOR OR RACE 7	. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years last birthday)	IF UNDER 1 YEAR		
Female	White	WIDOWEDT	DIVORCED 1	February 5.	1889	78 yrs.	Months Days	Hours M	
10a. USUAL OCCUPA	TION (Give kind of work		OF BUSINESS OR INDUST		ounty & State, or	foraign country)	12. CITIZEN	OF WHAT COUN	
Housew:	orking life, evan if retired)			Mar	yland				
13. FATHER'S NAME		1		14. MOTHER'S MAIL	w				
Isaac	E. Ga	rdner		India	Н	ook			
15. WAS DECEASED E	VER IN U.S. ARMED FORC	ES? 16. SO	CIAL SECURITY NO. 17.	INFORMANT		Addrass			
	(If yes giva war or dates of ser	vica)	Mea	Uanhank	D4>		. 3 3		
No	None			s. Herbert	rinkston	same	address	AS ADOV	
	DEATH (Enter only one c	ause per lina	for (a), (b), end (c).)	000.1.1				NSET AND DEAT	
PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Con	meny w	celler	2		4	, day	
4201	DUE TO	01	11	1 1/0	1) -			1	
Conditions, if an		/Into	INVINOINE	a xlong	11/1/10	10	/	OMYan	
gava rise to imma	diata cause	Nice!	former	C Travely	power!			1	
(a), stating tha	undarlying DUE TO							0	
cause last.) (c)_	ONE CONTRI	BUTING TO DEATH BUT NO	OT BELATED TO THE TS	DAAINIAI DISEASE	COMPITION OF	ZENI INI DADT 1(a)	19 WAS ALITE	
PART II. OTHI	ER SIGNIFICANT CONDITI	ONS CONTRI	BUTING TO DEATH BUT N	OI KELATED TO THE TE	KMINAL DISEASE	CONDITION GIV	PEN IN PART I(0)	PERFORME	
3								YES NO	
OR CONTRIBUTING	G CAUSE OF DEATH	20b. DESCRI	BE HOW INJURY OCCURE	D. (Enter natura of injury	y in Part I or Part II	of item 18.)			
	Y MEDICAL EXAMINER)						16	151	
20c. TIME OF INJ	URY Month, Day, Yaar	White		ACE OF INJURY (Homa, story, straat, offica bldg.		or town)	(County)	(Stat	
Hour a.m.	19	et work							
21 I cortify	that (I) (this besoits	1) attended	the deceased from	APRIL	1960 to	Feb.	190/	that (I) (we	
01	ased alive on		1967, and that			the causes	and on the da	ate stated abo	
22a. SGNATURE	4,7	11	<i>A</i> .	ATTENDING .	MED.	STAFF		2 / 276. D	
Thom	MA C. MIK	11 EVE	1 mb,	M.D. PHYS.	DIRECTOR [PHYS.	d	19/47	
22c. PHYSICIAN	STATE OF THE STATE	1.1-	i ind	22d. MODRESS	Asil no	0.1	- 7/1	1	
140197	43 E. W	HEEL	LER IIVA	16210	recent	acon	PULC	1	
23a. BURIAL, CREMA	TION, 236. DATE THERE	OF 2	3c. NAME OF CEMETERY	OR CREMATORY	23d. LOC	ATION (City, to	wn or county)	(Steta)	
REMOVAL ISpecific	2/11/196		Loudon Par	k Ceme tery	Balt	timore	Maryland		
24 FUNERAL DIRECTO			ADDRESS	25a.	REC'D BY REGIS				
1 1 1 7	- /-	8 -	Dallo, ma	a was DATI	CCD 1 4	1967	Musula	7.5	
11/10 1/1	. Musi Ll	100 1	and the del	A- COV - UAII	LILIT	Jap.	100	1 John	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01768 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence PLACE OF DEATH Baltimore a. COUNTY b. COUNTY ltimore MARYLAND b, CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) write RURAL and give nearest rawn) Baltimore d STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION (If not in hospital, give street address) ueen Anne Drive ieen Anne YES NO DO 00 3. NAME OF Middle 4. DATE Month Day Year First DECEASED (Type or print) Katherine Jebruary onno. DEATH DATE OF BIRTH AGE (In years YF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Months Days Hours October 8. WIDOWED DIVORCED 12. CITIZEN OF WHAT 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10a, USUAL OCCUPATION (Give kind of work done COUNTRY? during most of warking life, everyif retired) INDUSTRY Maruland Houseunte 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME trank Rittersho Mary Hoenniker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, ng, or unknown) (If yes give wor or dotes af service) 216-01) ame INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which gove (b) rise to immediate cause (a), DUE TO stating the underlying couse ast WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO R 2Do. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Haur o.m Not While While at work at work 21. I certify that (1) (this haspital) oftended the deceased fram. and that death accurred at 1230 PM, fram causes and an the date stated above. 1967 saw the deceased alive an 3 Funcary 22b DATE SIGNED 22a. SIGNATURE STAFF ATTENDING M.D. DIRECTOR PHYS 22d. ADDRESS 22d PHYSICIAN'S NAME (Type): DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION REMOVAL (Specify) emeteru arkwood rmore REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 2Sb. unayelly younge

y the funeral Pages 1 and 2 OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. papers. Pages 1 nin 72 haurs after .⊆ in any event, within 72 filled remave carban campletely pup burial, crematian, or remava attending phy permit. Then permit. signed by the burial-transit p Page 4 may be retained by the haspital ar attending physician. has been see as the the prior to b be detached far use State Dept. af Health this certificate O FUNERAL DIRECTOR: After 3 shauld I with the S director, page shauld be filed O HOSPITAL

deducted to the UNIX Control of the Contro

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01769 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Maryland Baltimore Baltimore MARYLAND CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Arbutus Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Shady Nook Nursing Home 4750 Westland Blvd. YES NO K 3. NAME OF Middle Last 4. DATE Manth DECEASED R. CONNOR HENRIETTA DEATH February 1. 19 67 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last birthdoy) Doys Haurs 4-13-1903 White Female WIDOWED DIVORCED 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. 81RTHPLACE (County & State, or foreign cauntry) 12. CITIZEN OF WHAT during mast af warking life, even if retired) INDUSTRY COUNTRYS . A. Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Otto Schroen Catherine M.Crouo WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) (If yes give war ar dates of service) Mrs. Marie F. Walters, 1001 DeSota Road INTERVAL 8ETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate couse (o), DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? rdiovaxillas Dinease NO 2Do. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL (City or town) (Caunty) 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (Stote) Haur a.m. Nat While factory, street, affice bldg., etc.) at wark 21. I certify that (1) (this haspital) attended the deceased from and that death occurred at 939 M, from couses and on the date stated above saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Dr. A. Bradley Daugharthy NAME (Type) 1264 Francis Avenue 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. 8URIAL CREMATION (Caunty) Baltimore, Maryland Holy Redeemer Cemetery 2-4-1967 ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR Howard H. Hubbard, 4107 Wilkens Avenue 21229

ion and campletely filled in by the funeral ase remave carban papers. Pages 1 and and in any event, within 72 hours after defit executed The law requires that the death certificate attending permit. Th 10 signed by the burial-transit as been as the priartal attending has ed far use af Health p use by the haspital ar certificate ATTENDING PHYSICIAN: **DIRECTOR:** After this certina a 3 shauld be detached State be retained director, page 3 shauld be filed v O HOSPITAL TO FUNERAL

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any even, within 72 hours after death, hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
01767

OL & & V	E OF DEATH
1. PLACE OF DEATH	1 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
a. COUNTY	a. STATE Maryland b. COUNTY imore City —
13 ALTO MARYLAND	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
GARRISON MD 34R3 3MB	Baltimore 30-4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	Ambassador Apartments
FOXLEICH NURSING HOME	
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) MARTHA	CONNOR DEATH 2 18 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS.
FEMALE USLITE WIDOWED DIVORCED	MAY 29 1882 Sull Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	o yrs.
during most of working life, even if retired) INDUSTRY	COUNTRY?
Artist-Designer	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Dor. Tomos Connor	Jane Hallowell
Rev. James Conner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service)	
No. None	Janet Stover, 11 Northamton Rd. Timonium
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	a more and beath
IMMEDIATE CAUSE (a)	
DUE TO TO	I Kinginlagia General
Conditions, If any, which gave rise to immediate (b)	of John de Color
cause (a), stating the DUE TO	Aurio Chair
underlying cause last. (c)	CYNONISTE CHINE
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) / 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ORRED. (Enter nature of injury in Part 1 of Part II of Item 10.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
While Mot while	ory, street, office bldg., etc.)
	- 15 - 10 - to 2 - 10 that (I) (we) last
21. I certify that (I) (this hospital) attended the deceased from	
	M, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
M. Lastell M.	D. PHYS. U DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type)	1 10/2/2/2/2/10/11
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c/ NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	
Burial Feb.21,67 Barratts Ch	apel Frederica, Del. 252 REC'D EY REGISTRAR 250 REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTUR ADDRESS	FEB 2 I 1967 Killarley Jugar
Wm. Cook-Brooks Towson, Towson, Md.212	04 DATE

VR A15 (4) 15M 4-64 ours after deoth.

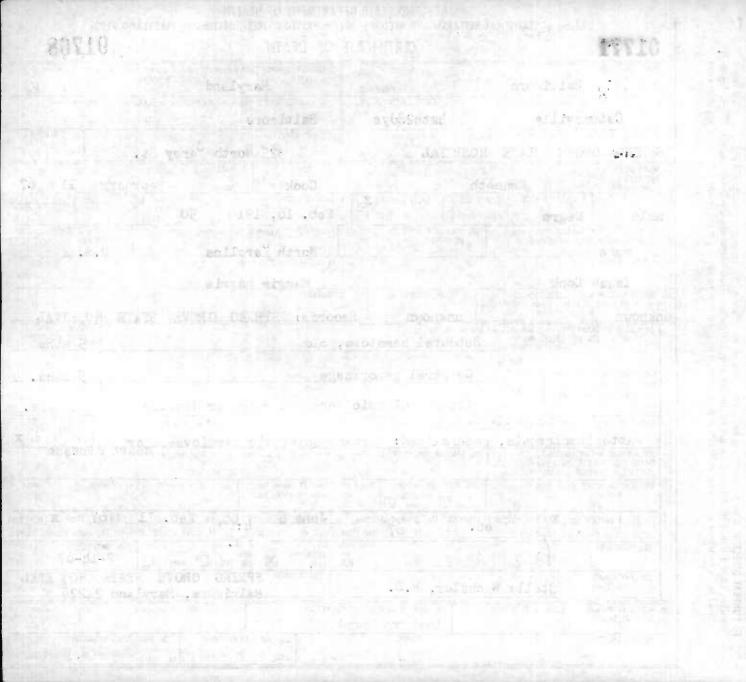
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #23c Film #6386.320767.pg

01760

OTIL			CEKTIFICA	IE OF DEATH			U.	1100		
1. PLACE OF DEATH a. COUNTY	Baltimore		MARYLAND		laryland	b. COU	NTY	/		
b. CITY OR TOWN	(If autside carparate limits	,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	autside corporat	te limits, write RU	RAL and give no	eorest tawn)		
Cat	ons ville		Lmth28dys	Baltimore						
d. NAME OF HOSPI	TAL OR INSTITUTION (If no	t in haspital,	give street address)	d. STREET ADDRESS e. IS RESIDENCE						
SPRING (GROVE STATE	HOS1	PITAL	325	North	Carey S	t.	ON A FARM?		
3. NAME OF	Fi	12	Middle	Lost	4. DATE	Man	th	Day Year		
(Type or print)	Ker	neth		Cook	OF DEATH	Fe	bruary	11 19 67		
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1 YE			
male	Negro	WIDOWED	DIVORCED	Feb. 16,	1916	las birthday)	Months D	oys Haurs Mi		
during most of working none	N (Give kind of work done		IND OF BUSINESS OR IDUSTRY	11. BIRTHPLACE (Coun	arolins		12. CITIZE COUN			
13. FATHER'S NAME				14. MOTHER'S MAIDER	N NAME					
Issal	n Cook			Maggie	Harris					
IS. WAS DECEASED FV	ER IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO. 17	. INFORMANT		Addr	ess			
unknown	(11 yes give war at dates a	"	nknown I	Records: SP	RING G	BOVE S	PATE H	OSPTT AL		
18. CAUSE OF D	DEATH (Enter only one country one COUNTRY WAS CAUSED BY: IMMEDIATE CAUSE	se per line for			NAME OF			INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if ony rise to immedia stoting the under last.	te cause (a), erlying couse	(b) Ce 10 (c) Ar	rebral hemory	cerebral v			,	5 mths.		
PART II. OTHER S			TO DEATH BUT NOT RELATED TO					19. WAS AUTOPSY PERFORMED? YES NO		
20g. ACCIDENT WA	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	ralized: Art	D. (Enter noture of injury i	in Part I or Part	I of item 18.)	eart d	1 sease		
Hour a.	JURY Month, Day, Year .m. 19	20d. II While of war	Not While f	LACE OF INJURY (Home, fo actory, street, affice bldg., et	tc.)	(City or town)	(County			
21. 1 cert	ify that 🗱 (this hos deceosed olive an	pital) atten	ded the deceased from 19 <u>67</u> , and th	June 4 , nat death occurred o	arM	Feb. 1, from couses	1 , 19 <u>67</u> ond on the	, that () (we) date stated ab		
220. SIGNATURE	Frelle	a Wo	chiles	M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	-	14-67		
22c. PHYSICIAN'S NAME (Type		Wachs	ler, M.D.		SPRING Baltimo	GROVE ore Mary	STATE	HOSPITAI		
28a. BURIAL, CREMATI REMOVAL (Specify		REOF	23c. NAME OF CEMETERY C	R CREMATORY		CATION (City or To		ounty) (Stote)		
24. FUNERAL DIRECTO	OR		ADDRESS		C'D BY REGISTR	AR 25b. RI	EGISTRAR'S SIGN			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the ottending physician and completely filled indirector, page 3 should be detached far use as the burial-transit permit. Then please remave carbon paper, should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 h VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

ME OF HOSPIT ME	Baltimore If outside corporate limits of Towsch town) AL OR INSTITUTION (If no St. Joseph Mary 6. COLOR OR RACE N (Give kind of work done life, even if retired) ker	t in hospitol, give Hospita 7. MARRIED WIDOWED 10b. KIND	c. LENGTH OF STAY I e street oddress) Middle E NEVER MARRIEL	C C	Lost Corder 8. DATE OF BIRTH 12/18/90	utside corporate nore Black 4. DATE OF DEATH	Oak Rd Mon Feb AGE (In years last birthday)	RAL ond give nec	orest town) 3 - 1 e. IS RES ON A YES Doy y	SIDENCE FARM? NO ()
ME OF HOSPIT ME OF CEASED pe or print) Cemale SUAL OCCUPATION most of working Homema	AL OR INSTITUTION (If no St. Joseph AL OR OR RACE Of COLOR OR RACE N (Give kind of work done life, even if retired)	t in hospitol, give Hospita 7. MARRIED WIDOWED 10b. KIND	Middle E NEVER MARRIED OF BUSINESS OR STRY	C C	d. STREET ADDRESS 8619 Lost Corder 8. Date Of BIRTH 12/18/90	Black 4. DATE OF DEATH	Oak Rd Mon Feb. AGE (In yeors last birthdoy)	. 21234 th 1 24 IFUNDER 1 YEAR	e. IS RES ON A YES Doy Y	FARM? NO
ME OF CEASED pe or print) (Cemale SUAL OCCUPATIO most of working Homema	St. Joseph Mary 6. COLOR OR RACE N (Give kind of work done life, even if retired)	7. MARRIED WIDOWED 10b. KIND	Middle E. NEVER MARRIET DIVORCET OF BUSINESS OR STRY	D 8	Lost Corder 8. DATE OF BIRTH 12/18/90	4. DATE OF DEATH	Feb . AGE (In yeors last birthdoy)	th 2L	ON A YES Doy Y	FARM? NO
ceaseD pe or print) cemale sual occupation most of working Homems ATHER'S NAME	6. COLOR OR RACE N (Give kind of work done life, even if retired)	7. MARRIED WIDOWED 10b. KIND	Middle E. NEVER MARRIET DIVORCET OF BUSINESS OR STRY	D 8	Lost Corder 8. DATE OF BIRTH 12/18/90	4. DATE OF DEATH	Feb . AGE (In yeors last birthdoy)	th 2L	19	
Cemale SUAL OCCUPATION most of working Homems ATHER'S NAME	N (Give kind of work done life, even if retired)	WIDOWED [OF BUSINESS OR		12/18/90		last birthdoy)		R IF UND	
Homens THER'S NAME	life, even if retired)		STRY VI		I TO GIRTHRIAGE IC		/O yrs.	motitus Do	ys Hours	ER 24 HRS. Min.
		, HA	NCOCK		VIRGIN 14. MOTHER'S MAIDEN ISABEL	NAME	ign country) SCHR1	12. CITIZEN COUNTR	A.	
	R IN U.S. ARMED FORCES? (If yes give wor or dotes o	service) 16. SO	CIAL SECURITY NO.	900	informant is they to s	Beinken	Alder - 8	8619 BL	alle O	
	re couse (o), DUE	Respi Respi Respi Respi	ratory faral effus	sion	e				INTERVAL B ONSET AND	DEATH
ongenit	S UNDERLYING COLOR	ilure d	ue to art	terio	sclerotic c	ardio-	vascula		PERFOR	ITOPSY IMED? NO
Oc. TIME OF INJ Hour o. p. 21. 1 cert	URY Month, Day, Yeor m. 19 ify that (1) (this hose eceased alive on	while of work [pital) attende reb. 24	Not While of work of the deceased 19 9 7,	from and that	ret. 15 t death occurred at PHYS. 122d. ADDRESS	19 07 to 1 10 3 M.I MED. DIRECTOR [STAFF PHYS.	24, 19 67 and an the c 22b. DATE S 3c Feb.	thot (I) date state IGNED 24,19	ed abov
		40 20 -	,	ETERY OR (<u> </u>		(Stote)
7	Ongenit Ongenit On ACCIDENT WA CONTRIBUTING CEITHER, NOTIFY E. TIME OF INJ Hour o. P. 21. I certi saw the d 20. SIGNATURE	Ongenital heart fa o. ACCIDENT WAS UNDERLYING EITHER, NOTIFY MEDICAL EXAMINER) OC. TIME OF INJURY Month, Day, Yeor Hour o.m. 19 21. I certify that (X) (this hosy saw the deceased alive on	ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO Ongenital heart failure d. O. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH - EITHER, NOTIFY MEDICAL EXAMINER) R. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m. 19 20d. INJU While of work 21. I certify that (3) (this hospital) attende saw the deceased alive on 22. SIGNATURE 22. PHYSICIAN'S N. 23 and 24 and 25 and	ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT NOT RE ON ACCIDENT WAS UNDERLYING (C. CONTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER) OR. TIME OF INJURY Month, Day, Yeor Hour o.m. 19 20d. INJURY OCCURRED While of work of work of work of work 20 saw the deceased alive on 19 7, 20 SIGNATURE 20. SIGNATURE 21. PHYSICIAN'S NAME (Type) Nelson S. de la Paz, M.D.	Ongenital heart failure due to arterio Ongenital heart failure heart failure heart failure heart	ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COORDINATED TO THE TERMINAL DISEASE COO	ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN ON GENERAL heart failure due to arteriosclerotic cardio— 10. ACCIDENT WAS UNDERLYING 12. CONTRIBUTING CAUSE OF DEATH 13. CETHER, NOTIFY MEDICAL EXAMINER) 14. CETHER, NOTIFY MEDICAL EXAMINER) 15. C. TIME OF INJURY Month, Day, Yeor Hour o.m. 16. TIME OF INJURY Month, Day, Yeor Hour o.m. 17. I certify that (% (this hospital) attended the deceased from foctory, street, office bldg., etc.) 18. I certify that (% (this hospital) attended the deceased from foctory, street, office bldg., etc.) 19. OTHER SIGNIFICANT CONDITION OF THE CONTRIBUTION	ON COLOR THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ON COLOR TWAS UNDERLYING ON COUNTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER) ON COUNTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER) ON COUNTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER) ON COUNTRIBUTING COUNTRIBUTING COUNTRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 1B.) ON COUNTRIBUTING COUNTRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 1B.) ON COUNTRIBUTING COUNTRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 1B.) ON COUNTRIBUTING COUNTRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 or Port 1	ON ACCIDENT WAS UNDERLYING ON TREBUTING CATTON CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ON ACCIDENT WAS UNDERLYING ON	NRT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) ON COLORAN MAS UNDERLYING ON ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH CONTRIBUTING COURSED ON ACCIDENT WAS UNDERLYING ON ACCIDENT WAS UNDEAL WAS UNDEAL WAS UNDEAL WAS

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cambletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death

100 ACEL IN MEDICAL PLACE Carrier of the Carrier . The Wild Committee of the C to a street man to the street of the street of artiprant Notice (* 1945). Arts (* 1945). The second of the artist of the second of th Weller of the second Note to the late of the second of the second

Loring Byers -8728 Liberty Rd. Randallstown.

01773	AL RESEARCH AND RECORD CERTIFICAT	S, 301 W. PRESTOR		1, MARYLAND
1. PLACE OF OEATH a. COUNTY. Baltimore b. CITY OR TOWN (if outside corporate	MARYLAND	a. STATE	E (Where deceased lived, If institut b. COUNTY	/
write RURAL and give nearest town	e limits, c. LENGTH OF STAY IN 1b		outside corporate limits, write R 21215	
d. NAME OF HOSPITAL OR INSTITUTION	N (if not in hospital, give street address	Baltimore d. STREET ADDRESS	3 2121)	e. IS RESIDENC
Paradise Nursing		4644 Pall	Mall Road	ON A FARM?
3. NAME DF Fir DECEASED (Type or print) Mary		Last Cox	4. DATE Month DF DEATH Feb. 9	Day Year 1967
5. SEX 6. COLOR OR RACE White	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 3/16/1877	9. ACE (In years IF UI last birthday) Mon	NDER 1 YEAR IF UNDER 24 HR ths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired Domestic	done 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Co		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME	222	14. MOTHER'S MAID		h
15. WAS DECEASED EVER IN U.S. ARMED FOI (Yes, no, or unkown) (If yes give war or dates of	service)	INFORMANT	Address Reidler, Jr. 370	21207
gave rise to immediate	cause for line for (a), (b), and (c). Y (a) HYTEV, OSC (2) (b) DISZESE.	rofic Cer	dro-Vascul	INTERVAL BETWEEN ONSET AND DEATH
underlying cause last.	(c)	LATED TO THE TERMINAL D	BEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO [7]
20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMIN	20b. DESCRUSE HOW INJURY OCC	CURRED. (Enter nature of	injury In Part I or Part II of Ice	m 18.)
경 20c. TIME OF INJURY Manth, Day, N Hour a.m. 19		ACE OF INJURY (Home, fa tory, street, office bidg, et		(County) (State)
	ital) attended the deceased from	10 176 re	to 7//	19, that (I)_(we) las
saw the deceased alive on	(0) -01	at death occurred at	MED. STAFF DIRECTOR PHYS. 22	on the date stated above b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	mc Greth mi) 1303 F	rederick Rd	28
REMOVAL (Specify)	HEREOF 23c. NAME OF CEMETER	RY OR CREMATORY	23d. LOCATION (City, town	1 262
24. FUNERAL DIRECTOR	7 Salem E. U. ADDRESS	25a. REC	Baltimore, Cou	nty Md.
Tamina Proma 0720 I	Tiberty Pd Pendelle		FEB 1 4 1967	I range

VR A15 1/65

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	01774			CERTIFICA	ATE	OF DEATH		01	771	
	PLACE OF DEATH a. COUNTY	Baltimore		MARYLAND	D	a CYATE	Where deceased lived, if institution: b. COUNTY yland	Residence	e before odmission)	
	b. CITY OR TOWN (If autside corporate limit d give nearest tawn)	is,	c. LENGTH OF STAY IN 16	,	c. CITY OR TOWN (If au	tside carparate limits, write RURAL	and give	neorest town)	
	Fort F	loward		4 Days		Baltim	, 5	30-4		
	d. NAME OF HOSPIT	AL OR INSTITUTION (If n	at in haspital,	give street address)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?	
	Vetera	ans Adminis	tration	n Hospital		405 N. Du	ncan Street		YES NO	
	NAME OF DECEASED (Type or print)	THOM	AS	Middle JOSEPH		COX	4. DATE Month OF FEBRUARY		Day Year 17 19 67	
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH		Onths		
1	Male	White	WIDOWED	DIVORCED [4/27/13	Jast birthdoγ) M γrs.	onins	Doys Hours Min.	
	i. USUAL OCCUPATION ing most of working Chauf	(Give kind af wark done life, even if retired)		IND OF BUSINESS OR IDUSTRY			& Stote, or foreign country) e, Maryland		IZEN OF WHAT INTRY?	
_	FATHER'S NAME	· Cul				14. MOTHER'S MAIDEN I		- 0	·D·A·	
10.		ael Cox					a Drehoff			
15.			16.	SOCIAL SECURITY NO.	17. IN	IFORMANT	Address			
(Ye	es, na, or unknawn)	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of service)				VAH. Fort Howard	a M	formed and	
	Conditions, if any, which gave is to immediate cause (a), stating the underlying cause last. DUE TO (b) POLYCYTHEMIA (c)								Weeks	
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELATED	TO TH	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)	U.	19. WAS AUTOPSY PERFORMED? YES 2. NO	
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DI	SCRIBE HOW INJURY OCCUR	RRED. (E	Enter noture of injury in	Part I ar Part II of item 18.)			
MEDICAL	20c. TIME OF INJU Haur a.r p.r	10	20d. I While at war	Nat While		OF INJURY (Home, farm ry, street, affice bldg., etc.)		(Cou	nty) (State)	
	21. I certi	fy that (X) (this ho eceased alive on_	spital) otten Feb. 1	ded the deceosed from	m_F	eb. 14 , 1 death accurred at	967 , to Feb. 17 5:00PM fram causes onc	d on th		
	220. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED									
	NAME (Type		. KALMU	JTZ. M.D.	0	VA HOSPI	TAL, FORT HOWAR	D, M	IARYLAND	
	BURIAL, CREMATIC REMOVAL (Specify Burial	DN, 23b. DATE TH	ERFOF,	23c. NAME OF CEMETERY Ballmu	ar	v Matlen	23d. LOCATION (GILVER, Town) Bally By REGISTRAR 25b. REGIST	1	(County) (State)	
	I. FUNERAL DIRECTO		servey.	ADDRESS 2021	1 01	cleans St.			who a Order	
PH	ITI.I.TP HE	HWIG SON	FILME	AT HOME DAT	1+0	MA DATE	1 15 6 11 1961 /	cus	NO. Verden	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

01772

1	02440										
1.	PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if in a state Maryland Ha	nstitution: Residence b . COUNTY . P. T. O. P. d. P.							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville	L mth s2dys	c. CITY OR TOWN (If outside corporate limits, wri Aberdeen, Maryland	te RURAL and give no							
-		F HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS									
	SPRING GROVE STATE H	OSPITAL	649 West Bel Air Ave	nue	ON A FARM? YES NO						
3.	NAME OF First DECEASED (Type or print) George	Middle John	Creswell 4. DATE OF DEATH Feb	Month oruary 20	Day Year 19 67						
	sex 6. COLOR OR RACE 7. MAN	THE THE MARKIES	8. DATE OF BIRTH 9. AGE (In year) 10. AGE (In year)	ay) Manths Do	AR IF UNDER 24 HRS. ays Haurs Min.						
du		10b. KIND OF BUSINESS OR INDUSTRY Railroad (B&O)	11. BIRTHPLACE (County & Stote, or foreign country) Maryland	12. CITIZE	N OF WHAT IRY?						
	3. FATHER'S NAME William Cres		14. MOTHER'S MAIDEN NAME	Unknow	wn						
(Y	S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, ar unknawn) (If yes give war ar dotes of service NO		orords: SPRING GROVE	Address STATE H	OSPITAL						
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac failure ONSET AND DEATH										
	Conditions, if any, which gove) Out to Arteriosclerotic cardiovascular disease										
	rise to immediate cause (a), stoting the underlying couse lost. Out To (c) Generalized arteriosclerosis										
×	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?										
CATION	Malnutrition - Dehydration YES NO X										
L CERTIFICATION	20g. ACCIDENT WAS UNDERLYING \(\) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING \(\) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur o.m. p.m. 19 20d. INJURY OCCURRED While at work at work 20e. PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.)										
	21. I certify that (1) (this hospital) saw the deceased alive an Feb.	21. I certify that (this hospital) attended the deceased fram Jan. 8 , 1960, to Feb. 20 , 1967 that (F (we) last saw the deceased alive an Feb. 20 1967, and that death accurred at 9:00 M, fram causes and an the date stated above.									
		acluster M.		Y 2-5	0-67						
	22c. PHYSICIAN'S NAME (Type) Stella W	achsler, M.D.	22d. ADDRESS SPRING GROVE Baltimore, Ma		OSPITAL 228						
23	Bo. BURIAL, CREMATION, REMOVAL (Specify) Burial 23 Feb.	23c. NAME OF CEMETERY OR 67 Bakers Cem.			ounty) (State)						
2	24. FUNERAL DIRECTOR Tarri	ng Fundorial Hom	2So. REC'D BY REGISTRAR 2S	Sb. REGISTRAR'S SIGN	IATURE						
1	A had se a 22001	Abendeen Mary	Land DATE LU & U JON	1	AA						

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Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	01776		TTEN	CERTIF	ICATE	OF DEATH	/67mnh		01	77	3		
	CE OF DEATH	LTIMORE				2. USUAL RESIDENCE (V	Vhere deceased	lived, if institut b. COU	MITV			an)	
b. ()		autside carparate limit	te	c. LENGTH OF STAY I	YLAND	c. CITY OR TOWN (If ou		limite verito PIII		TIMO			
W	ORT HOW	give nearest tawn)		42 DAYS			SVILLE		KAL ONG GIV	120	/ lowing		
		OR INSTITUTION (If n	at in haspital, (d. STREET ADDRESS			4	0 3	e. IS RESII	DENCE	
		ADMINISTR				10316 GF	EENTOP	ROAD			ON A F.		
3. NAN	ME OF EASED	F	irst	Middle		Last	4. DATE	Mont	th	Day			
(Түр	e or print)	GEO	RGE	В.		CROFT	OF DEATH	FEBR	UARY	/3	12//19	67	
S. SEX		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		. DATE OF BIRTH		AGE (In years last birthdoy)	IF UNDER Months	1 YEAR"	Hours	R 24 HRS. Min.	
MAI		WHITE	WIDOWED	DIVORCED	A	ugust 13, 1	.924	42 yrs.				191111.	
	UAL OCCUPATION (nost of working li	Give kind of work done e, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	& Stote, or foreign	gn country)		TIZEN OF		100	
MEC	HANIC			FROMOBILE		BALTIMORE		LAND		U.S.			
	THER'S NAME GEORGE	A. CROFT			1.0	14. MOTHER'S MAIDEN N							
		IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17. IN	IFORMANT		Addre	ess				
(162,110	YES	f yes give war ar dates	2]	14 22 45 79	9 CL	IN. RECORDS,	VA HO	SPITAL.	FT H	OWAF	D. M	D.	
18.	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)									INT	INTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EDEMA, BILATERAL									DYA	DAYS ND DEATH		
AGOX DUE TO									TTATT	TIOT FAT			
rise to immediate cause (a), (b)									UNK	UNKNOWN			
	stating the underlying couse (UNK	UNKNOWN		
PAI	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBITION TO DEATH RITE NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)										19. WAS AUTOPSY		
ATIO	ARTERIOS	SCLEROTIC	HEART I	DISEASE						PERFORMED? YES X NO			
₩ OR	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)												
MEDICAL 200	20c. TIME OF INJURY Month, Doy, Year Hour o.m. 19 20d. INJURY OCCURRED While at wark at wark at wark 19 20e. PLACE OF INJURY (Hame, farm, foctory, street, office bldg., etc.)								unty)	(Stote)		
	21. I certify that (this haspital) attended the deceased fram 1/12/67, 19 ta 2/23/67, 19 that (we) lass saw the deceased alive an 2/23/67 19 , and that death occurred at 8:25AM fram causes and an the date stated above												
22	a. SIGNATURE	1. lu	ne:	lan	M.D.		MED. DIRECTOR	STAFF PHYS.		ATE SIGN			
22	c. PHYSICIAN'S NAME (Type)	NEILON	NEILSON	N, M. D.		22d. ADDRESS VAH FO	RT HOWA	ARD, MAI	RYLAN	D			
23a. BL	JRIAL, CREMATION			23c. NAME OF CEME			23d. LOCA	TION (City or To	wn)	(County)	(S	tate)	
	MOVAL (Specify) BURLAL INERAL DIRECTOR	2-27.	6/	ADDRESS	ALLE			LITIMORI		MD.) F		
24. FU	INLINAL DIRECTOR				BROO	KS TOWSON	BY REGISTRAR		GISTRAR'S S		-		
				TOWSON.	MARY	LAND	FEB 28	1967	you	anle	7 yes	458	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 moy be retained by the hospital or attending physician.

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13/84/5
A . CORLINE MORNEY

AL CUCL ANADES VIECES

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	01777		CERTIFICA	TE OF DEAT	ΓH		01	774	
	ACE OF DEATH COUNTY Baltimore		MARYLAND	CTATE	ence (Where daryland	eceosed lived, if institu b. COU		efőre odmission)	
	CITY OR TOWN (If outside corporate limi write RURAL and give nearest tawn)		ENGTH OF STAY IN 16	В	altimo	rporote limits, write RU Ce	IRAL ond give ned	30-1	
St.	NAME OF HOSPITAL OR INSTITUTION (IF I	7620 York	reet address) Rd. 2120	d. STREET ADDR		Avenue 21	1212	e. IS RESIDENCE ON A FARM? YES NO X	
DE((Ty	CEASED (pe or print)	omeo (Ka	01	D • ADAMO		ATH F	eb. 1		
S. SEX	6. COLOR OR RACE white	7. MARRIED X	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 8-7-13		9. AGE (In years lost birthdoy) 53 yrs.	Months Doy	ys Hours Min.	
during	SUAL OCCUPATION (Give kind of work doni most of working life, even if retired) Building Inspecto	INDUSTR	BUSINESS OR Y More City	New	York	or foreign country)	12. CITIZEN COUNTR	U.S.A.	
13. F/	James D'Adam	0		14. MOTHER'S M Gioc	onda 1	Pezzalla			
IS. W (Yes, r	VAS DEČEASED EVER IN U.S. ARMED FORCES no. or unknown) (If yes give wor or dates	of service) 16. SOCIAL	126313	17. INFORMANT Louise D		Addr	ress sam	e	
1	8. CAUSE OF DEATH (Enter only one co PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUS DU		o), ond (c).) Diabetess	Mellitus				INTERVAL BETWEEN ONSET AND DEATH	
ri:	onditions, if ony, which gove ise to immediate cause (0), toting the <u>underlying couse</u> DU sst.	(b)							
ATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEA	ATH BUT NOT RELATED	TO THE TERMINAL DISE	ASE CONDITION	GIVEN IN PART 1(0)		19. WAS AUTOPSY PERFORMED? YES NO	
CERT O									
MEDICAL	Oc. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	20d. INJURY While of work		PLACE OF INJURY (Hor foctory, street, office bl		20f. (City or town)	(County)	(Stote)	
	21. I certify that (I) (this haspital) attended the deceased fram 1-19-67, 19, ta 2-12-67, 19, that (I) (we) last saw the deceased alive an 2-12-67, 19, and that death accurred at 1:00 M, fram causes and an the date stated above.								
	220. SIGNATURE Liters A, Pidlagan MD M.D. ATTENDING MED. STAFF 22b. DATE SIGNED 2-12-67								
		idlaoan, N			York Re	oad, Baltin		1. 21204	
64	BURIAL (Specify) 23b. DATE TO 2 - 16 -	/ //		t (emete	ry	d. LOCATION (City or To Endicott	, New	york (Stote)	
/	FUNERAL DIRECTOR 20 Parch . Ruck .	Inc Balt	imore, N		O. REC'D BY RE		(Clare	ATURE Ludge	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, ar remayal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

01775

	OTEL	,						OTA	30	
1.	PLACE OF DEATH					2. USUAL RESIDENCE (Where d	h (0		ce before odn	mission)
	BA	-TIMORE		MARYL	AND	O. STATE MARYLA.	NA)	-		
		f outside corporate limits,		c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If outside co	rporote limits, write R	URAL ond give	neorest tow	vn)
	While KUKAL ONC	ATONS VIL	LE	3 mo. 9	days	BALTI.	MORE		30	-4_
П	d. NAME OF HOSPITA	AL OR INSTITUTION (If not	in hospitol, gi			d. STREET ADDRESS		حد	e. IS	RESIDENCE A FARM?
	SPRING	GROVE ST	ATE	HOSPIT	AY	1900 W.BA	LTIMORE	5/.,	YES	NO W
3.	NAME OF DECEASED	First	0.1	Middle	· · · · · · · · · · · · · · · · · · ·	Lost 4. DA		nth	Doy	Year
_	(Type or print)		EN	LORET	TH	DITTO 6 17 10N DE	ATH 1-513	-	18	1967
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH 1891	9. AGE (In years last birthdoy)	Months Months		NDER 24 HRS.
**		W	WIDOWED'	DIVORCED		6 75	7.5 Yrs.	1 10 (17	22511 05 11/11	
	o. USUAL OCCUPATION ring mast of working	(Give kind of work done life, even if getired)	IUD. KIN	ND OF BUSINESS OR DUSTRY BANKS		11. BIRTHPLACE (County & Stote,	or foreign country)	(0)	TIZEN OF WHA	AI
12	CICANIN B. FATHER'S NAME	g (Ret)		BANKS		14. MOTHER'S MAIDEN NAME	25		0 -	3-4-
13	JOHN	ARTIVIE			111	444001	FREENZ			
19	7	R IN U.S. ARMED FORCES?	547	QCIAL SELECTIVE SO/S	4/17 18	VEORMANT		lress	- je	
		(If yes give wor or dates of s	ervice)			HARLES DAUGI		CEDAR	2 Do- NI	LEN-SUR
		ATH (Enter only one couse	ner line for ((a) (b) and (c))	1 -	THE LES CHOOL	TIOIV I	- 400111		L BETWEEN
		TH WAS CAUSED BY: IMMEDIATE CAUSE (0	A . 149	TE GIRCL	ILAT	ORY INSUFFI	CIENCY			ND DEATH
	422	DUE TO	1-1-			1			2	1
	Conditions, if ony,	which gove) (h		DIAC INS	SUF	FIGIENCY			3h.	- 45
	rise to immediat	e couse (o), ()						~	
	lost.	(c	GEI	NERALIZ	ED	ARTERIO	SCLERO-	115	de	YRS.
Z	PART II. OTHER SI	GNIFICANT CONDITIONS CON	TRIBUTING TO	O DEATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(o)		19. WAS	AUTOPSY ORMED?
ATIO		3 2 3 1 1 1 1 1							YES	NO [
CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCC	URRED. (Enter noture of injury in Port I o	r Port II of item 1B.)			
	(IT ETIMEK, NOTIFT	MEDICAL EXAMINER) JRY Month, Doy, Yeor	1 204 IN	JURY OCCURRED	20a DIAC	E OF INJURY (Home, form, 2	Of. (City or town)	· If or	inty)	(Stote)
MEDICAL	Hour o.r	n. 19	While	Not While		ry, street, office bldg., etc.)	oi. (ciry or rown)	(600	, 17	(51016)
	P.F	11.	ot work		ram /	100-11,1964	to Folia	10 10 6	7 that (1) (wo) last
		eceased alive an	261. 1	8 1967, a	nd that	death occurred at 5 24	M, fram cause	s and an th	ne date ste	ated abave.
	220. SIGNATURE	11	11	01		ATTENDING MED	CTAFE	22b. DA	ATE SIGNED	
		Morris,	1 Ell	les	M.D	111101	OR PHYS.	3 2	18/6	7
	22c. PHYSICIAN'S NAME (Type		MEI	LLER		22d. ADDRESS 1130 BAI	KER AUF.	BALTO	.MD. S	21267
23	o. BURIAL, CREMATIC		0)	23c. NAME OF CEMET	/		I. LOCATION (City, or 1	lown)	(County)	(Stote)
	REMOVAL (Specify		167	Wood H	ww	Cemetery	Wood /AU		11	nd.
2	4. FUNERAL DIRECTO	incloton	-	ADDRESS	VN16	250. REC'D BY RE		REGISTRAR'S SI	a de	100
	/ 1/ 1/	INUIPICIN	10	0111/1/1/1/	rNIC	Mel DATO FR	1967	1000M	the last	PAGE.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health priar ta burial, cremation, ar remayal, and in any event, within 72 hours after death

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	01113			CERTIFICA	IE UF DEAL	Н		n		6
1.	PLACE DF DEATH	1			2. USUAL RESIDE	NCE (Where			sidence bef	ore admission)
		-			a. STATE		b. col			/
	Baltimor	e N. dif autolida assessa	A	MARYLAND	Maryla			oward	nd alua a	22224 42002
	write RURAL	N (if outside corpora and give nearest tov	vn)	c. LENGTH OF STAY IN 15			The second real second	ITIE KUKAL S	and give no	earest town)
-	d. NAME OF HOS	SPITAL OR INSTITUTE	ON (if not in h	ospital, give street address	Ellicot	L CILY	,	/	I a IS	RESIDENCE
		e In The P		ospital, give street address			7 4		0	N A FARM?
_					Rt. 2	Box 5		40-		
3.	NAME OF DECEASED (Type or print)	THO	Irst MAS E	Middle VANS DAVIS	Last	4. DAT OF DEA	_	in ,9,1967	Day 7	Year 19
5.	SEX				8. DATE OF BIRTH		Q ACE (In years	LIETINDER 1		NDER 24 HRS.
	Male	White	WIDOWED		May 5,1879		last birthday	Months	Days Ho	ours Min.
08	. USUAL OCCUPAT	ION (Give kind of work	done 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE	(County & Sta	te, or foreign count		IZEN OF V	VHAT
ur	Retired	ing life, even If retire		ndustry F armi ng	Woodsto	ck,Md		COL	JNTRY?	
13.	FATHER'S NAM	E			14. MOTHER'S MA	AIDEN NAME				
	Willi	am Davis			Sall	ie E.	Gorsu	ch		
		EVER IN U.S. ARMED FO		SOCIAL SECURITY NO. 17	. INFORMANT		Addr	ess		
Te	NO NO	(If yes give war or dates o	of service)	M	ary E. Davis	,Rt.2,	Ellicott	City,	Md	
	18. CAUSE DF	DEATH [Enter only on	e cause per l	ine for (a), (b), and (c).]				1		L BETWEEN
	PART I. DE	ATH WAS CAUSED BY	1:	1.12		+r				AND DEATH
-1		IMMEDIATE CAUSE	(a) / Ray	inschrotie	company	alion			10	de.
-	4221	DUE	TO	/ +	1.05	· A			-	
	Conditions, If	any, which	(b) Osler	yoselprolie C	andis-Yese	was,	Versac	~	15	33.
1	gave rise to	Immediate (•			
	cause (a), st underlying caus	tating the								
2			(c)	JTING TO DEATH BUT NOT RE	ATED TO THE TERMINA	I DISCASE CO	NDITION CIVEN I	ALDADT 1/o	119. WA	AS AUTOPSY
CERTIFICATION	PARTII.OTHER S	SIGNIFICANT CONDITI	ONSCONTRIBL	STING TO DEATH BUT NOT RE	LATED TO THE TERMINA	IL DISEASE U	DNDTITONGIVENT	TEART I(a)		RFORMED?
Ē	20a. ACCIDENT	WAS UNDERLYING	20b. (DESCRIBE HOW INJURY OC	CURRED. (Enter nature	of Injury In	Part or Part	of Item 18.)	1 1	
1	OR CONTRIBUTI	NG CAUSE OF DEA	TH			,,				
- 1			1							
MEDICAL	2Dc. TIME OF I	INJURY Month, Day, n.	While	Not While fac	ACE OF INJURY (Home, tory, street, office bldg.		(City or town)	(Coun	ity)	(State)
N	p.r		at worl	k at work						
	21. I certif	y that (1) (this hos	pital) attend	ed the deceased from	1-20-	1967, t	0 2-9		2, that	(I) (we) last
	saw the dec	ceased alive on	2-8	- 1967, and th	at death occurred at	S. JSAM.	from the cause:	and on th	e date st	ated above.
	22a. SIGNATUR		- 1	, 411					TE SIGNE	
	-31/1	K' eg	11	1. N.	.D. PHYS.	MED.	STAFF	1 0	0-87	7
	22c. PHYSICIA	nes n. fe	Mag	y was M	D. PHYS. 22d. ADDRESS	DIRECTOR	PHYS.	11 201	001	
	NAME (T)	(pe) Wilmen	-K. Ga	110,900,30	620930	redorci	Lan-B	27-21	E ma	28-
3a	. BURIAL, CREM	ATION, 23b. DATE	THEREOF	23c. NAME OF CEMETE	RY OR CREMATORY	23d.	LOCATION (City,	town or cour	nty)	(State)
	REMOVAL (Spe	cify)	-1967							
24	BUT LA.	CTOP	-170./	Holy Famil	.y	Hay	rissonvi GISTRAR 256.	He Md	SIGNATII	DE
1	110111	in all the	-		Z5d. F	ACO D BT RE	GISTRAN 230.			400
1	F.C. Hoix	thothom (III)	ficott (City.Md	DATE	CCD	1 / 1967	och	men	Judge.

VR A15 (4) 2DM 1/65

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FOR STATE HEALTH DEPT.

DEPUTY MED. EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be TO DEPUTY MED

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72-hours after death. director. Page 4 shoul retained for your files.

VR AISME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND RECORDS OF DEATH 0177

Ī	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	a. COUNTY Ducto	a. STATE D. COUNTY
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give, nearest town) MARYLANO c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)
1	Write RURAL and give nearest town)	Balliner 31-4
7	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET AODRESS 0. IS RESIDENCE
	Vettran adminitialing Hropital	448 Petman Plus VES NO
	3. NAME OF First Middle	Last 4. DATE Month Oay Year
	(Type or print) William J.	DAVIS DEATH TERRELY 17 1964
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO	8. OATE OF BIRTH 9. AGE (In years WUNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Oays Hours Min.
	Male Colored WIDOWED DIVORCED	March 28, 928 3 8 yrs. Months only
	10a. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR during most of working life, even if retired) INOUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	Latores	Treeserville n. C
r	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	I'm time	ning Stanuel
	15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT Address
	100	lix, fee, Vet adm. Hopet T House Mo
	18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (e)	es ou wor Jailer (gay)
	7160 DUE TO - 20 > 0	There do in
1	Conditions, if eny, which gave rise to immediate	supel Jum 2415
	cause (a), stetling the DUE TO	
	underlying cause lest. (c) occ)	of Manas
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
	V	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIZED. 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	URREO. (Enter nature of injury in Part I or Part II of Item 18.)
		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	ZDC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLANT Hour a.m. While p.m. 200. PLANT at work at work at work at work	pry, street, office bldg., etc.)
	21. I certify that I fook charge of the remains described above, he	Id an Autopsy , Inspection , Inquiry , and in my opinion
		icide . Homicide . Undetermined manner
		CHIEF MEDICAL EXAMINER
	SIGNATURE THEO C. Callery	M.O. ASSISTANT MEDICAL EXAMINER [22. DATE SIGNED
	0.41	OEPUTY MEDICAL EXAMINER 2/7/11
	NAME (Type) THEO, C. PAHERSON	Address (Street, city, town, or county)
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Dune tet 2/167 / Jack hall	Cani, Sele ind
	24. FUNERAL DIRECTOR ADDRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	milton to thecker 112911-Can	Count DATE FEB 2 1 1967 Icharles Judge

Where alemanted to the page of the Peterson Please They is at 11 Krep 18 38 Melle Colours Francisco M. E. Latour Tem Sate neine Alensil Pice for Vet alin. Hory to the weeks

Dar 3 121/67 Bull 720/Cent. Sull Tallet

Printer State State Hot William I was a see the second

201 W PRECTON CIRET RAITIMORE MARYLAND 21201 Division of STATISTICAL DESEADOH AND DECORDS

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. at Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after death.

VR A15 (4) 20 M 1/66

01781	CERTIFICATE		, vacionore, martea	01778
PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	o. STATE Maryl		Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Caton VIIIe	c. LENGTH OF STAY IN 16 Lyr3mthllidys	Middle Riv	de corporate limits, write RURAI er, Maryland	03-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in has SPRING GROW STATE HO	DBPITAL	d. STREET ADDRESS Route 1	15 - Box 712	e. IS RESIDENCE ON A FARM? YES NO
NAME OF First DECEASED (Type or print) Mary	Middle L. De	lost clanty	4. DATE Month OF DEATH Febr	Doy Year uary 3 19 67
female white WIDG	RRIED NEVER MARRIED 8	Nov. 6, 1900	last hirthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
0o. USUAL OCCUPATION (Give kind af wark done uring mast of warking life, even if retired) housewife 3. FATHER'S NAME	Ob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & S Ohio 14. MOTHER'S MAIDEN NA		12. CITIZEN OF WHAT COUNTRY?
John McGinty		Eliza	abeth Stauder	
(If yes give war or dates af service		FORMANT ecords: SPRI	Address	ATE HOSPITAL
466X DUE TO	ne for (a), (b), ond (c).) Pulmonary embolism Thrombosis, right			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO TI	HE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES X NO
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	05. OESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Par	t I ar Port II of item 1B.)	
Hour o.m.		E OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21 certify that QV (this haspital) of		ATTENDING MPHYS. DI 22d. ADDRESS SPRI	ED. STAFF RECTOR PHYS.	, 19_67 that 4) (we) last and an the date stated abave. 22b. DATE SIGNED 2-3-67 ATE HOSPITAL nd 21228
30. BURIAL CREMATION, 23b. DATE-THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OR C		23d. LOCATION (City or Town	
24. FUNERAL DIRECTOR	ADDRESS/	2Sa. REC'D B	Y REGISTRAR 25b. REGIS	STRAR'S SIGNATURE

STV10 THE REPORT OF THE PARTY OF THE State of the A THE SHOP SHOP OF THE SHOP AND THE SHOP Price of Mellar committee, he all the state

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH by the funeral Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b COUNTY Baltimore Marvland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) B3vrlOmthlOdvs Baltimore Catonsville B3yrLUmt
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? STATE 102h Denver Street SPRING GROVE HOSPITAL. YES NO T within DOU NAME OF First Middle 4 DATE Month Dov Year Arthur Delker a.k.a. DECEASED February 67 Arthur Delcher 27 19 (Type or print) DEATH COL IF UNDER 1 YEAR 9. AGE (In years IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED 120 8. DATE OF BIRTH NEVER MARRIED remove birthdoy) Feb. 20. 1899 Months Dovs Hours any DIVORCED male white WIDOWED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10g. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) and in (COUNTRY? please during most of working life, even if retired) physician (en please INDUSTRY S. laborer Mary land H 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remaval, Carrie Myers George attending permit. The IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) ((If yes give wor or dotes of service) permit. 6 Records: SPRING STATE GROVE HOSPITAL crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Cor on ary Th rombosis IMMEDIATE CAUSE (o) DUE TO burial, Arteriosclerotic cardiovascular disease Conditions, if ony, which gave (b) rise to immediate couse (a), DUE TO stoting the underlying couse as the priar tak lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPS! PERFORMED? Health p Carcinoma of cecum NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [detached f te Dept. af l OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year Haur o.m. Not While foctory, street, office bldg., etc.) State ot work ot work pe 21. I certify that (N (this hospital) attended the deceased fram_ 3 should with the 19 67, and that deoth accurred at M, from causes and on the date stated above saw the deceased alive on____ 22b. DATE SIGNED 22o. SIGNATURE MED. STAFF 2-28-57 director, page 3 shauld be filed w DIRECTOR 22d. ADDRESS SPIRLING 22c. PHYSICIAN'S Wachsler, M.D. NAME (Type) 21228 Baltimore, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) more FUNERAL DIRECTOR 250. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 20 M 1/85 DATE

executed within 24 haurs after death. requires that the death certificate be attending O HOSPITAL OR ATTENDING PHYSICIAN: by the haspital ar be retained Page 4 may

completely filled in

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TO FUNERAL DIRECTOR: After this certificate

17170 Ball Carlotte

A STREET OF THE PROPERTY OF TH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

KI.		Ttem #23b #11 #1505	5 OF DEATH	11661
	1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	esidence before admission)
1		Baltimore MARYLAND	a. STATE b. COUNTY	The second second
П		b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b	Maryland Balti	and give nearest town)
		write RURAL and give nearest town)		
		Monkton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Monkton - Avondale	
			d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
2		York Road at Hereford	York Road at Hereford	YES NO
J	3.	NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
		(Type or print) Jennie	Detrick DEATH February	11 19 67
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 last birthday) Months	YEAR IF UNDER 24 HRS.
Н		F W WIDOWED DIVORCED	4/7/1885 81 yrs. Months	Days Hours Min.
	10a	. USUAL OCCUPATION (Give kind of work done Ing most of working life, even If retired) 10b. KIND OF BUSINESS OR INDUSTRY	1 11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT
	uui	Housewife Own Home	Hereford, Md.	UNTRY?
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U.S.A.
1		Dr. Alexander Mitchell	Edith Stockton Conway	
	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	200
	(Ye	s, no, or unkown) (If yes give war or dates of service)		Md.
			.J. Elliott Mays, Avondale	
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	5 1 1 1 0 -	ONSET AND DEATH
Н		PART I. DEATH WAS CAUSED BY: (4) CLUTE MYOCE	udlul Merdin	-
-		4201 DUE TO 0	0 00 :	
П		Cenditions, If any, which) (b) Coconaux	mentfreery	1 grs
		gave rise to immediate cause (a), stating the DUE TO	2 14 011 0	1 110
		underlying cause last. (c) Cuttus Sel	este C.V. Plus	1092
	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
3	CAT			PERFORMED?
	E	20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCUP	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	
	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	The state interest injury in fact to fact it of feelings.	
	AL		CE OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)
	MEDICAL	Hour a.m. While Not While factor	y, street, office bidg., etc.)	, , , , , , , , , , , , , , , , , , , ,
	E	p.m. 19 at work at work		
		21. I certify that (1) (this hospital) attended the deceased from		Z, that (I) (we) last
			death occurred at 9 A M, from the causes and on th	
		22a. SIGNATURE		TE SIGNED
		Chline Miller h M.D.	ATTENDING MED. STAFF PHYS. D 2-1	11-6)
		22c. PHYSICIAN'S NAME (Type) Dr. Harbart Muollor	22d. ADDRESS	
П		NAME (Type) Dr. Herbert Mueller	Parkton, Md.	
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or coun	nty) (State)
1	P	urial 2/13/67 Loudon Par	Baltimore.	Md.
1	24.	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	
	H.	W. Jenkins & Sons Co. 4905 York Rd	DATEFEB 14 1967 yourse	an Carolina
		Balto.12. Md.	I DATE LU T T 1301	

TO FUNERAL DIRECTOR: After this certificate has been signed by the acertain physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

5 (4) 1/65 AI5

THE REPORT OF THE RESIDENCE OF THE PROPERTY OF 6.210 - - oferenza __ //odenok Mark Tares Mar Mach Section Destroyed the Section CALL TITE STATE OF ST finderly wahraveld to the late of the la . Dr. Earbert Hamilton | Farkbon, Md. Seltanore, Land A R. R. Smitters & Smith Co. 1905 Accept Many Secretary Will Silver

Item 2 See birth cert. MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STAWaryland b. CDUNTY the fuses 1 Baltimore after MARYLAND b. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b filled in by papers. Page in 72 hours a hours OWSON Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) bon papers within 72 d. STREET ADDRESS Woodson Road 1022 7620 York Rd. St. Joseph within and completely emove carbon p NAME OF First DATE Middle Last DECEASED event, (Type or print) DEATH Dyvine Feb 6. COLOR DR RACE Renee executed 5. SEX AGE (In years | IFUNDER 1 YEAR || FUNDER 24 HRS. DATE OF BIRTH remove 7. MARRIED NEVER MARRIED last birthday) Female 1/2/67 WIDDWED DIVDRCED nding physician 2 Then please re removal, and in a .= 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) certificate be 0 N 1= Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending I John Divine 0250N 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT by the attenders in the strength in the streng death (Yes, no, or unkown) | (If yes give war or dates of service) 1022 Woodson Rd. Parents 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] been signed by the the burial-transit por to burial, cremati The law requires that the PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TD cause (a), stating the has by as th underlying cause last. ICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health r this certificate I detached for use te Dept. of Health the hospital CERTIFI 20a. ACCIDENT WAS UNDERLYING IT DESCRIBE HOW INJURY DCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) be de State factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be de Hour a.m. While Not While at work at work retained 21. I certify that (I) (this hospital) attended the deceased from 19 . to saw the deceased alive on 19 and that death occurred at_ .M. from the causes and on the date stated above. 22a. SIGNATURE DR TO FUNERAL DIRE director, page 3 should be filed v ATTENDING STAFF DIRECTOR TO HOSPITAL Page 4 may PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME DE CEMETERY DE CREMATDRY LDCATION (City, town or county) REMDVAL (Specify) AIR SWEE FUNERAL DIRECTOR REC'D BY REGISTRAR ADDRESS 25b.

8. IS RESIDENCE DN A FARM?

Year

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

that (I) (we) last

(State)

MARYLAND

ND F

(State)

NO

YES

Day

Days

12. CITIZEN DF WHAT

21212

YES

DATE SIGNED

(County)

REGISTRAR'S SIGNATURE

19

22b.

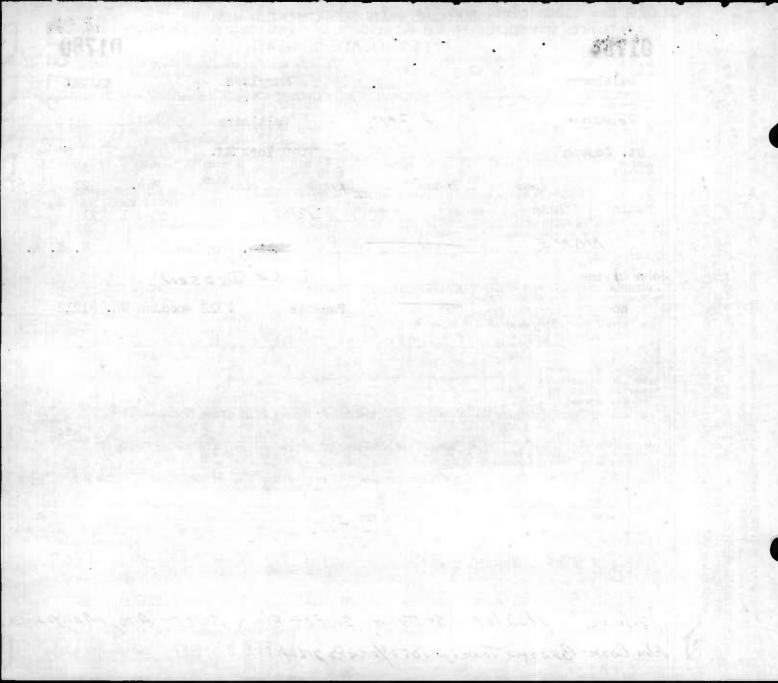
CDUNTRY?

2

Month

Months I

VR ALS 20M 1/65



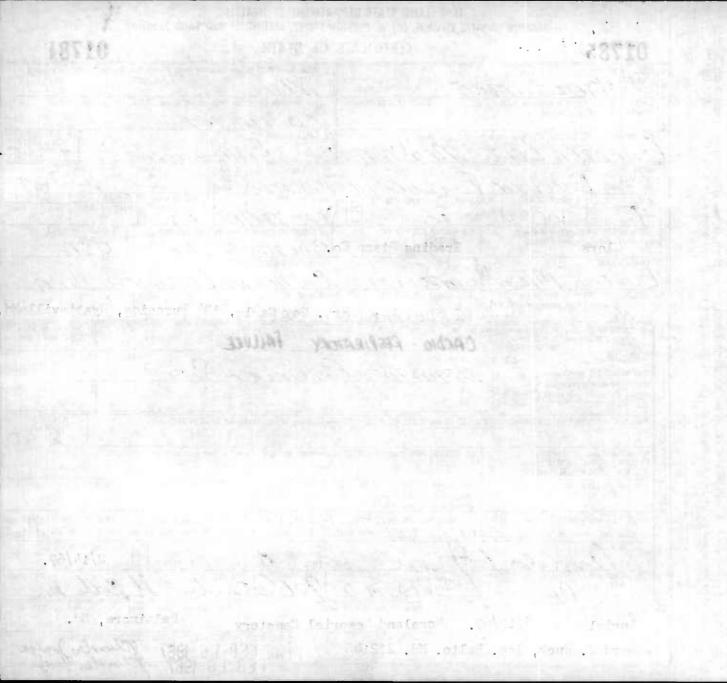
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	01785	CERTIFICATE	OF DEATH		01781
	COUNTY BALTIN	PORE MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution b. COUNT	
b.	CITY OR TOWN (If outside corporate limit write RURAL and give nearest tawn)	, c. LENGTH OF STAY IN 1b	D	utside corporote limits, write RURA	L and give nearest town)
4	REDTER DOLL	t in haspital, give street address)	d. STREET ADDRESS	Monumen	e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
DE	AME OF ECEASED YPE OF Print)	st F4120B6711	Donna	4. DATE Month OF DEATH	Doy Year
S. SE		7. MARRIED NEVER MARRIED S WIDOWED DIVORCED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min.
	SUAL OCCUPATION (Give kind of work done g most of working life, even if retired)	IDB. KIND OF BUSINESS OR Trading Stamp Co	11. BIRTHPLACE (County) BAL7(M	& Stote, or foreign country) CRE MO	12. CITIZEN OF WHAT COUNTRY?
E	OGENE MOSO	REINPOLLAR	CATHERI	NAME	74 1/MA
	was DECEASED EVER IN U.S. ARMED FORCES? no, or unknown) (If yes give wor or dotes		rs. Gay Car	Address ls,8134 Burnsid	e, HyattsvilleM
	18. CAUSE OF DEATH (Enter only one co PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	MARIA CICRIANT	ory fall	VEE	INTERVAL BETWEEN ONSET AND DEATH
ri	Conditions, if ony, which gove isset to immediate couse (a), stating the underlying couse but in the course of the	(b) ME20570716 (BRCINICA	IB, SITE?	
ATION	PART II. OTHER SIGNIFICANT CONDITIONS (ONTRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(σ)	19. WAS AUTOPSY PERFORMED? YES NO
CER I	200. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in	Port 1 or Port 11 of item 18.)	
and the	2Dc. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19		E OF INJURY (Home, farr ory, street, office bldg., etc.		(County) (State)
	saw the deceased alive an_	pital) attended the deceased fram	1-24-67 death accurred at	19 <u>67</u> ta <u>2 ιμ </u> 1·15 β-M; fram causes ar	, 19 <u>6</u> 7, that (I) (we) lond an the date stated above
	220. SIGNATURA	Light M.D		MED. STAFF DIRECTOR PHYS.	2/14/67.
	22c. PHISTCIAN'S NAME (Type) ARNOL	of FIELD, MO	30 ADDRESS	thedrel H	Bolto Mrs
	BURIAL (REMATION, REMOVAL (Specify) 2/1"	REOF 23c. NAME OF CEMETERY OR CO. Moreland Memo:		23d. LOCATION (City or Town Baltin	n) (County) (Stote)
24.	FUNERAL DIRECTOR	ADDRESS Rollto Md 21214	2So. REC	D BY REGISTRAR 2Sb. REGI	STRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remays curbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyekit, within 72 haurs after depth:

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death.

Poge 4 may be retained by the hospital or ottending physician.



St.,

Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH

IS RESIDENCE

ON A FARM?

10 67

INTERVAL BETWEEN

WAS AUTOPSY PERFORMED?

NO

(Stote)

22. DATE SIGNED

certificate be executed within 24 hours after

01787

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: R a. STATE. b. COUNTY	esidence before admission)
Baltimore, Maryland MARYLAND	a. STATE Maryland b. COUNTY Baltin	more
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
Towson 4 days	Towson	03-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS Avenue vson 21212	e. IS RESIDENCE ON A FARM?
Dulaney Towson Nursing and Convelasant	TIO MATKEL AABUMAASON STRIK	YES NO
3. NAME OF First Middle Middle	Last 4. DATE Month OF 2	Day Year
(Type or print) Mary Lillie	Dunaway DEATH 2	12 ₁₉ 67\$
5. SEX 6. COLOR OR RACE 7. MARKIEU NEVER MARRIED 8	DATE OF BIRTH 19 AGE (In years LIFTINGER	1 YEAR IF UNDER 24 HRS.
F W WIDOWEDWX DIVORCEO	2/26/1888 last birthday) Months 78 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even If retired) INOUSTRY	1 11. BIRTHPLACE (County & State, or foreign country) 12. C	ITIZEN OF WHAT
Tel Operator C&P Tel. Co.	Lancaster Co. Va.	J. S.
13. FATHER'S NAME	14. MOTHER'S MAJDEN NAME	
James P. Moore	Va. Smith Noone	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFDRMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service) None Mrs	. Leonard P. Patterson same a	address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	2	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: My ocardial	Lanten	ONSET AND DEATH
IMMEDIATE CAUSE (a)	- yardin	danne de all
DUE TO THE		
Conditions, If any, which gave rise to immediate (b) Appendiments	contit- was en a durian	10 years
cause (a), stating the DUE TO		0
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PROPERTY OF	TEO TO THE TERMINAL OISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18	
	E OF INJURY (Home, farm, 20f. (City or town) (Cou	inty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC factor p.m. 19 at work at work	y, street, office bldg., etc.)	2012)
p.m. 19 at work at work		
21. I certify that (I) (this hospital) attended the deceased from	annary 1966 to Falmaty 12196	Z, that (I) (we) last
saw the deceased alive on Thursday 9 1967, and that	death occurred at M, from the causes and on t	he date stated above.
22a. SIGNATURE	22b. D	ATE SIGNEO
A Cillan Gred MD	ATTENDING MEO. STAFF PHYS. DIRECTOR PHYS.	-110
22c. PHYSICIAN'S M.D.	PHYS. DIRECTOR PHYS. 122d. ADORESS	7/6/
NAME (Type)		
PURISH ORGANIZATION COL. DATE THEOREM LOS. NAME OF ORMETTERY	OR OR SHAYORY 1 224 LOGATION (Give Asset of as	(Ctata)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)		unty) (State)
Removal 2/13/1967 Bethel Methe	odist Cemetery Lively, Va.	
24. FUNERAL OIRECTOR ADDRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR	1 0
Who A Tisk my & Some houth is	CAL DATEFEB 14 1967 fcliar	les Judge
THE PROPERTY OF THE PROPERTY O		- U

VR AI5 (4) 20M 1/65

EST10 VALUE OF THE PROPERTY OF

TOTAL CARREST CARE TO A CA

provide they maked in the country of the country of

All years and the second of th

FOR STATE 011 HEALTH DEPI 1. PLACE OF

S may be retained far yaur files. Health priar ta burial, crematian, or removal, and in any event within 72 hours after death.

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page

VR A15ME (5) 6M 1/67

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

any delay is

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0178	3	MED	ICAL EXAMINER'	S CERTIFICATE	OF DEATH	01704
o. COUNTY Ba1	to		MARYLAND	2. USUAL RESIDENCE o. STATE Md.	(Where deceased lived, if institution b. COUN	on: Revidence defect Almission) TYBa1to
b. CITY OR TOWN	(If outside corporate limits	i,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	outside carparate limits, write RUR	AL and give nearest town)
Pa	nd give nearest tawn)		life	Parkvi	11e	03-1
d. NAME OF HOSPI	ITAL OR INSTITUTION (If no	t in haspitol, g	give street address)	d. STREET ADDRESS		e. IS RESIDENCE
St.	Joseph's	Hosp.		8609 Wen	del ave.	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	JOHN		Middle DURNER	Lost	4. DATE OF Feb 7	1967 Day Year
5. SEX	6. COLOR OR RACE	7. MARRIED >	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years clast birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Doys Haurs Min.
M	W	WIDOWED	DIVORCED	June 29 19	05 61 yrs.	mains bays mais min.
	N (Give kind of work done		ND OF BUSINESS OR	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT
during most of working			th Cen Pres	s Marylan	d	US A
Print 13. FATHER'S NAME				14. MOTHER'S MAIDEN		
lohr	Durner			Margaret	: Mueller	
15. WAS DECEASED EV	/ER IN U.S. ARMED FORCES?	16. 9	SOCIAL SECURITY NO. 1	7. INFORMANT1	Addre	22
	(If yes give wor or dates o	f service)	17-01-7024	Famiy re	cords	
NO LIB CAUSE OF I	DEATH (Enter only one cou-	co no fund fad		770	A (INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY:	1 :11	paj, (uj, olid (cj.)	-10 (1/2)	alusione	ONSET AND DEATH
112	IMMEDIATE CAUSE		grand	79 1	CIUSION	Sudden
Conditions, if on	DUE		16/1 6	(/		C +
rise to immedia	te couse (a)	(b)	AN KE	none	ere	V Type
stoting the und	erlying couse DUE	10	111			
lost.	,	(c)	(////-			
PART II. OTHER S	SIGNIFICANT CONDITIONS CO	ONTRIBUTING T	O DEATH BUT NOT RELATED T	TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
200. EXTERNAL C PRIMARY Or CI CAUSE OF DEATH.		20b. DE:	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II of item 18.)	
20c. TIME OF IN Hour o	JURY Month, Doy, Yeor i.m.	20d. IN While at wark	Not While	PLACE OF INJURY (Home, far factory, street, office bldg., etc		(County) (State)
21. I certi	fy that I taok charge	of the rem	ngins described obove.	held an Autapsy .	Inspection Inqu	iry , and in my apinior
	_			and the same of th	e Undetermined mo	
deoin lesu	THE TRUIT	S		A CHIEF MEDICA		411101
ACTUAL	We all.	10	me .00	ACCUETANT AND	DICAL EXAMINER	22. DATE SIGNED
SIGNATURE	yraum,	Th	vience	m.D.	CAL EXAMINER	1/
EXAMINER'S NAME (Type)	CHARLES F	. O'DO	ONNELL, M.D		et, city, town, or county)	77167
230 BURIAL CREMAT	ION 23h DATE THE		23c. NAME OF CEMETERY		23d. LOCATION (City or Tov	vn) (County) (State)
REMOVAL (Specif	(x) 0/11		Holy Rede		Balto Me	
24. FUNERAL DIRECT		0/	ADDRESS			GISTRAR'S SIGNATURE
		. 0000				Garles Judge
(C. F. F'	VANS & SON	1 8802	Harford r	oad DAFE	B 1 4 1967 RC	navely Just the

4.5 et. Joseph a Wicezol . ne Arinter 20th Carping District Well-Jose Easiv records

THE PROPERTY OF THE PROPERTY O

.avs Introv F.18

" 13 Faces of enuly

Tellemone negative

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	01789			CERTIFIC	ATE (OF DEAT	ГН			01	78	5	11
1.	PLACE OF DEATH O. COUNTY Baltime	ore		MARYLAI		usual Residi a. STATE	,		sed lived, if institutio b. COUNT		ce befare	admissi	an)
	b. CITY OR TOWN (If outside carparate limit d give neorest tawn)	s,	c. LENGTH OF STAY IN 1	b c.				ate limits, write RURA	L and give	neorest	town)	
	Towson	u give neorest tuwn)		ES EXCELLE		Balt	imo	re 2	1205		3	-4	
		AL OR INSTITUTION (If no	ot in haspital,	give street address)	d.	STREET ADDRE	ESS				6	ON A F	
	St. Jose	ph Hospita	1			3108	3 Mc	Eldry	Street		1	ES	NO J
	NAME OF		rst	Middle		Last		4. DATE	Month		Day	Ye	10:
	DECEASED (Type or print)	Wall	ace	William	Ecl	cert		OF DEATH	February		5.	19	67
S.	SEX	6. COLOR OR RACE	7. MARRIED			ATE OF BIRTH			9. AGE (In years	IF UNDER 1			R 24 HRS.
	Male	White	WIDOWED	DIVORCED	Jar	nuary 7	7. 1	893	last birthday) 74 yrs.	Months	Doys	Hours	Min.
10o duri	USUAL OCCUPATION of most of working	(Give kind af wark dane life, even if retired)	10b. K	IND OF BUSINESS OR DUSTRY OF Balt	1	Mary.	(County 8	& State, or fo	rreign cauntry)		IZEN OF UNTRY? U.S		
13.	FATHER'S NAME				14	MOTHER'S M.	AIDEN N	IAME					
		unknown					u	nkno	wn				
		R IN U.S. ARMED FORCES? (If yes give war or dotes o	of service)	SOCIAL SECURITY NO.	J.C		He	witt	Address Eckert,		fe,	abo	ove
	4221 Conditions, if ony, rise to immediat stating the under last.	e cause (a),	TO (b)	diovascular	insu	ficien	ncy						
z	PART II. OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING	TO DEATH BUT NOT RELATE	D TO THE	TERMINAL DISEA	ASE CON	DITION GIV	EN IN PART 1(a)		19.	WAS AUT	OPSY AFD?
ATIC	Car	rcinoma of	lung				8.				YE		NO 🔀
MEDICAL CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DI	ESCRIBE HOW INJURY OCCU	RRED. (Ente	er nature af in	jury in P	Port I or Pa	rt II af item 1B.)	K.			
MEDICAL	20c. TIME OF INJU Hour a.r p.r	10	20d. I While	Nat While		F INJURY (Ham street, affice blo			(City or town)	(Cou	enty)		(State)
		fy that (I) (this has	spital) atten	ded the deceased fro		eath accurre		9,	ta N, fram causes a				we) las d abave
	22a. SIGNATURE	nan	1	Dan	M.D.	ATTENDING PHYS.		MED. DIRECTOR	STAFF PHYS.		ATE SIGNI		
	22c. PHYSICIAN'S NAME (Type	Juan G.	Gan, M.	D.		22d. ADDRES 76		York !	Road, Tow	son 4	, Mc	1.	
230	BURIAL, CREMATIC	ON, 23b. DATE TH 2/8/6		23c. NAME OF CEMETER Baust Uni			h C		Tyrone		(County)	(5	Stote)
24	SCHIMUH 260	ek Funera l E. Madi	1 Homeson S	e, Inc.		2Sc DA		BY REGIST	25b. REG	SISTRAR'S SI		E O	201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, cremation, ar remayor, and in any event, within 72 haurs after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) VR A15 (4) VR A15 (4) VR

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01730 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 1b hours Baltimore 21220 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled in d STREET ADDRESS 1829 Wilson Point Rd. St. Joseph Hospital pon 3. NAME OF First Middle 4. DATE Month DECEASED OF DEATH John February remove corb EIMER (Type or print) S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last birthday) October 2. 1920 WIDOWED White DIVORCED Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) INDUSTRY Maryland SALES MAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remavol, ottending phys CLARENCE MILLIE 17. INFORMANT RUDOLPIF 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, ar unknown) (If yes give war or dotes of service) 213-18-3684 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: Brain tumor IMMEDIATE CAUSE (a) Conditions, if any, which gave (b) rise to immediate cause (a), **DUE TO** stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) Haur a.m. factory, street, office bldg., etc.) at wark ot work 21. I certify that (1) (this haspital) attended the deceased fram 2/17/ , 1967, ta 2/23/ , 1967, that (1) (we) last saw the deceased alive an 2/23/ 1967, and that death accurred at P.M., fram causes and an the date stated above. saw the deceased alive an 2/23/ 220. SIGNATURE February 23,1967 PHYS. 22d. ADDRESS 22c. PHYSICIAN Regalado T. Dizon, M.D. NAME (Type) 7620 York Rd., Towson, Md. 21204 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) DARDENS

be retoined by the director, poge should be filed VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR

J. G. CONNELLY SONS

0

requires that the death certificate be executed within 24 hours after death

25b. REGISTRAR'S SIGNATURE

2Sa. REC'D BY REGISTRAR

FEB 28

300 MACE DATE

(County)

22b. DATE SIGNED

(County)

e. IS RESIDENCE ON A FARM?

YES NO

19 67

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? NO

1967, that (0) (we) last

(State)

(State)

IF UNDER 1 YEAR

ABOVE

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12. CITIZEN OF WHAT COUNTRY?

CONTROL OF	01786			66 43 64 4
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Company Compan				
ASST. Services Company of the property of the		THE RESERVE OF THE RE		
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	Court of the state	THE REAL PROPERTY.		
Life Control of the C		12 · 4		

FOR STATE HEALTH DEPT.

any delay is

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

necessary, please execute the certificate, writing the ward "pending"

in pencil in Item 18. Give Pages 1, 2, and 3 ta Examiner's Office along with farm PM3. Page pages land 2 with the State Department of Examiner's Office alang with farm the funeral directar. Page 4 shauld be farwarded ta the Chief Medical

5 may be retained far yaur files.

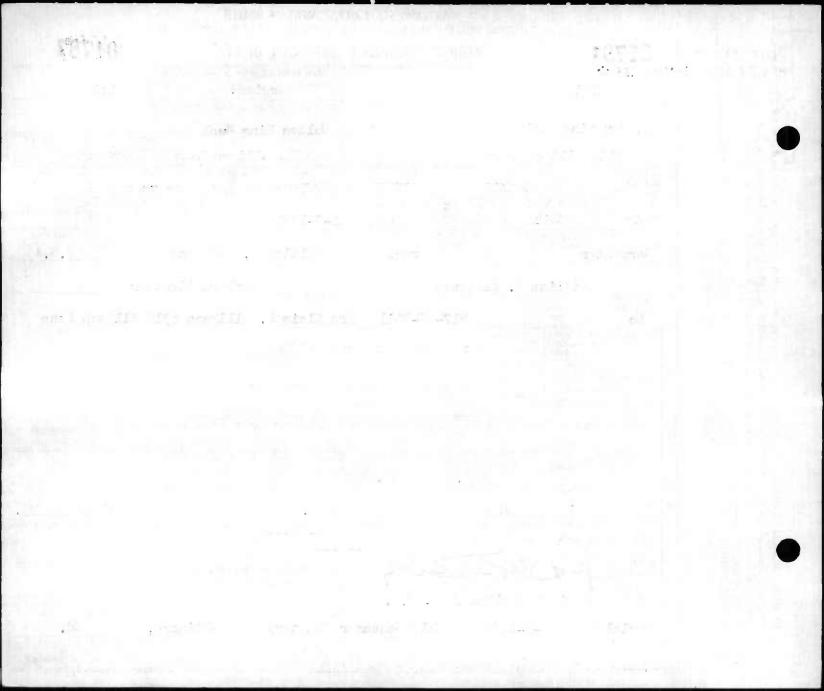
TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department af Health or its designated agent, priar ta burial, cremation, or remayal, and in any event within 72 haurs after death.

VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01791	N	NEDICAL EXAMINER'S	CERTIFICATE O	F DEATH	01787
1. PLACE OF DEATH o. COUNTY Balt	imore	MARYLAND	2. USUAL RESIDENCE (o. STATE Mary 1	Where deceased lived, if institution b. COUNT	n: Residence before odmission) Y Baltimore
write RURAL and g		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or Golden Ri	utside carparate limits, write RURA	L and give nearest town)
	Allison Lane	mui, give moor dudiess)	II.	lison Lane off	ON A FADAG
3. NAME OF DECEASED (Type or print)	First MARTIN	Middle HENRY	ELLIGSON	4. DATE Month OF Febru	Doy Year ary 1 1967
S. SEX 6	S. COLOR OR RACE 7. MAR White WIDO		8. DATE OF BIRTH 1-7-1907		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAŁ OCCUPATION (G during most of working life Carpenter	Give kind of work done 1 e, even if retired)	Ob. KIND OF BUSINESS OR INDUSTRY Armeo	Baltimor	or foreign country) e. Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME 15. WAS DECEASED EVER I	William P. Ell		14. MOTHER'S MAIDEN	NAME B <mark>arbara Lightne</mark> Address	r
(Yes, no, or unknown) (If	yes give war ar dates af service)	212-05-7631 M		Elligson 8318	Allison Lane
	which gave (b)	ne for (a), (b), and (c).) ntact Gunshot Wor	und of Head		INTERVAL BETWEEN ONSET AND DEATH
PART II OTHER SIGN	· · · · · · · · · · · · · · · · · · ·	TING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
200. EXTERNAL CAUS PRIMARY Or CONTE CAUSE OF DEATH. 20c. TIME OF INJURY Hour o.m. 7 p.m.	RIBUTING A	While Not While fac	(Enter nature of injury in ACE OF INJURY (Hame, farn tory, street, affice bldg., etc.	n, 20f. (City or town)	(County) (State) Baltimore Md.
21. I certify death resulted	and the second s	e remains described abave, he s , Accident , Sui	eld an Autapsy 🔣 , cide 🔣 , Hamicide CHIEF MEDICAL	, Undetermined man	ry, and in my opiniar nner
SIGNATURE EXAMINER'S	Offere	luting	M.D. ASSISTANT MED DEPUTY MEDICA	DICAL EXAMINER X	22. DATE SIGNED
NAME (Type) R 230. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF 2-4-1967	necker, M.D. 23c. NAME OF CEMETERY OR Holy Redeeme	CREMATORY	23d. LOCATION (City or Town	2/2/67 n) (County) (State)
24. FUNERAL DIRECTOR	7. m. all 1-	ADDRESS	36 250. REC'I		STRAR'S SIGNATURE Ochowley Judge



BALTIMORE, MARYLAND 21201 DIVISION OF YHAL RECORDS, CERTIFICATE OF DEATH

01792

01798

PLACE OF DEATH O. COUNTY	Baltimore	MARYLAND	- CTATE	(Where deceosed lived, if institute ${ m Id}$.	ition: Residence before odmission) NTYBalto.
b. CITY OR TOWN write RURAL E	(If outside corporate limits, ad give neorest town) SSEX	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	outside corporote limits, write RU	JRAL ond give neorest town)
d. NAME OF HOSPI	TAL OR INSTITUTION (If not in hospito	l, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE
1215 Hom	berg Avenue - 21	221	1215 Hombe	erg Avenue	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Daisy	Middle May	Lost Elza	DEATH	eb. 18 ₁₉ 67
s. SEX Female	6. COLOR OR RACE 7. MARRIE WIDOWE		8. DATE OF BIRTH 5-26-09	9. AGE (In years lost birthdoy) 57 yrs.	Months Doys Hours Min.
10o. USUAL OCCUPATIO during most of working		KIND OF BUSINESS OR INDUSTRY		y & Stote, or foreign country) West-Virginia	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME	Earl Arbogast		14. MOTHER'S MAIDEN	ary -	
	(If was give were as dates of convice)		. Bernice F	Add Rowan-205 Linw	ressBalto.,Md. ood Ave-21224
PART 1. DEA	DEATH (Enter only one couse per line ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	ireulalony o		der and li	INTERVAL BETWEEN ONSET AND DEATH OF THE PROPERTY OF THE PROPER
Conditions, if on rise to immedio stoting the underlast.	te couse (o), DUE TO (c)	iploratory la	parotony	in Jamany, 10	967)
PART II. OTHER S OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING	IGNIFICANT CONDITIONS CONTRIBUTIN		THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
LUF ETTHEK, NUMER	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) 20b.	DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	n Port I or Port II of item 18.)	
Hour o.	.m. Wh		ACE OF INJURY (Home, for		(County) (Stote)
	ify that (I) (this haspital) atte	ended the deceased fram_ 19 <u>67</u> , and tha	at death accurred o	1967, ta 218 at 1038 M, fram causes	and an the date stated abave
22o. SIGNATURE	Lylle C. Da	um uum M	.D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 27-67
22c. PHYSICIAN'S NAME (Type	Eugene C. Bauma	nn	413 Easte	ern Avenue, Ba	lto.,Md.
230. BURIAL, CREMATI REMOVAL (Specif Burial		23c. NAME OF CEMETERY OR Odd Fellows (Cemetery	23d. LOCATION (City or T Elkins, West	
24. FUNERAL DIRECTO		ADDRESS 2122	250. KL		REGISTRAR'S SIGNATURE

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remayal, and in any event, within 72 haurs after death Page 4 may be retained by the hospital ar attending physician.

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executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

1793

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH

AND RECO	RDS, 301	W. PRES	TON STREE	T, BALTIMORE	1, MARYLAND
ERTIFIC	ATE O	F DEA	TH	0178	Q

	7.4.00
1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
a. COUNTY Patty and 5	a. STATE b. COUNTY BOLT MEDE
DAIT MARYLAND	MARYLAND IDAITIMORE
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
TOWSON	BAITIMO BE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
GREATER BALTIMORE Medical Center	8206 TAMA CT. ON A FARM?
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) JEROME None	ENGEL DEATH FEBRUARY 8 1967
5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF RIRTH 19. AGE (In years LIFTINGER 1 YEAR WELLINDER 24 HRS.
MAIE Whitenowed DIVORCED	JAN 8 1915 Jast birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
	BAHMORE WINDER MD. U.S.A.
MANAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAM	2//
13. FATHER'S NAMEE xecutive	14. MOTHER'S MAIDEN NAME
LOUIS ENGEL	RebA - RIEDEN BERG
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17.	
(Yes, no, pr unkown) (If yes give war or dates of service)	
No 217-05-8166	Mrs. Elaine Engel, 8206 Tama Court #8
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN DINSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHO PNEU	MONITY 12 DAYS
204 0	
Conditions, If any, which	State Waring & Years
gave rise to Immediate	2100/101111
cause (a), stating the DUE TO	10 16111/6 1
underlying cause last. (c) ~ y m r H O C y /	IC LEUKEMIA
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
TAT THE STATE OF T	PENFORMED?
CO. ACCIDENT WAS INDEDIVING IT. I COL DESCRIPT HOW IN HOW ON	
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCUPANT OF THE PROPERTY OF THE P	URRED. (Enter nature of injury in Part 1 or Part II of Item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
facti	ory, street, office bldg., etc.)
P.m. 19 While Not While at work	
21. I certify that (1) (this hospital) attended the deceased from	Tan 3/ , 1967, to Feb 8, 1967, that W (we) last
saw the deceased alive on	at death occurred at 25 AM, from the causes and on the date stated above.
22d. SIGNATURE PO ON MO	ATTENDED NED 27455 6 1 12 10/7
J.C. Culls 1/10 M.	D. PHYS. DIRECTOR PHYS. X P26 0,170
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
1, C. CULLIS	Greater Ballimore Medical Conter
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	
Burial 2/9/67 Aitz Chaim	Baltimore Markand
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Sol Levinson & Bros. Inc., 6010 Reisters	town DATE FEB 14 1967 Charles Judge

VR AI5 (4) 20M 1/65

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- Special Company of the Company of SVACANCEVC

217-01-8436 Jest. Feating Stock, 4206 Tour Court #8

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Them #2c & d Film #G386 3/15/67 DE DEATH

CERTIFICATE OF DEATH

	01134		CERTIFICA	AIL OI DEATH			7911	
	PLACE OF DEATH			2. USUAL RESIDENCE	Where deceosed live		sidence befare	odmission)
	a. COUNTY	Baltimore	MARYLAND	o. STATE	arvland	b. COUNTY	Baltim	ore /
	b. CITY OR TOWN (If autside carparate limits.	c, LENGTH OF STAY IN 16	c. CITY OR TOWN (If o		s, write RURAL on	d give neorest	town)
1	write RURAL one	d give negrest tawn) SVILLE		9atonsvi		timore	2122	-
	d. NAME OF HOSPIT	AL OR INSTITUTION (If not in	haspital, give street oddress)	d. STREET ADDRESS	21	23 Oakla	ind Rule	ON A FARM?
	Ridge	way Manor Niu	rsing Home	5743 /Bom	ondson Av	enue	У	ES NO
	NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day	Year
	(Type ar print)	Ada	L.	Fair	DEATH	2	27	19 67
S.		6. COLOR OR RACE 7	. MARRIED NEVER MARRIED		9. AGE	(In years IF Ut birthday) Mon		IF UNDER 24 HR Hours Min
	Female	White	WIDOWED DIVORCED	12-23-1874	lusi	92 yrs. Mon	Itis Duys	HOOIS MIN
100	. USUAL OCCUPATION	N (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Count	y & State, ar foreign co	untry) 1	2. CITIZEN OF	WHAT
dur	ing most of working House	life, even if retired) WORK	INDUSTRY At Home	Virginia	Ohj		COUNTRY?	S.A.
	FATHER'S NAME			14. MOTHER'S MAIDEN		-		Maria .
		Unknown			Unknow	n		
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	- 122230 11	Address		
(Ye	s, no, or unknown)	(If yes give war or dates af se	ervice) 285-34-7439A 1	Un Otto Emer	Chase P	O Chase	Md 2	1227
		FATH (Enter only one course	per line far (a), (b), and (c).)	de de perior	ondoc - •	o. onabe,		RVAL BETWEEN
	PART I. DEA	TH WAS CAUSED BY:		1	1.		ONS	ET AND DEATH
	221X	IMMEDIATE CAUSE (a)		morteage			110	my au
	Conditions, if any	DUE TO	3					
М	rise ta immediat	re cause (a),						
н	stating the unde	rlying cause (c)						
	-	**	TRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	NDITION GIVEN IN D	APT 1(a)	119	WAS ALITOPSY
NO.	TAKI II. OTILK 3	ONITICALLI CONDITIONS CON	IKIDOTINO TO DEATH DOT NOT KEEKIED	TO THE TERMINAL DISEASE CO	NOME OF EACH	ski i(u)		WAS AUTOPSY PERFORMED? S NO
CERTIFICATION	20g. ACCIDENT WA	C LINDCOLVING [205. DESCRIBE HOW INJURY OCCURE	DED (Enter nature of injury in	Part I or Part II of a	to 10 \	76	2 NO
ERT	OR CONTRIBUTING	CAUSE OF DEATH	209. DESCRIBE HOW INJURY OCCUR	KED. (Ellier holdre of hijory in	run t or ron n or a	iem ib.)		
-		MEDICAL EXAMINER)	L OO L INJURY OCCUPAND L OO	NACE OF IMPROVALLES AS	T not (Cit.	an Annual	(Caucha)	/5An1-1
MEDICAL	20c. TIME OF INJU Haur o.r		20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, for foctory, street, affice bldg., etc.		or town)	(Caunty)	(Stote)
E	p.#		at wark at work					
	21. I certi	ify that (I) (this haspit	ral) attended the deceased fran		196 to 2	3	19, the	at (I) (we)
		eceased alive an 🕥	7 Jen 1967, and	that death occurred a	1030 M, tran			
	22a. SIGNATURE	Thelias	onelum.	M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF 22	DATE SIGNE	167
	22c. PHYSICIAN'S	(P	22d. ADDRESS		0	710	10
	NAME (Type		2 500 pmam 1	49 1334.	SURPHY	K JPR	INC	ROLD
230	. BURIAL, CREMATIC	ON. 23b. DATE THERE	OF 23c. NAME OF CEMETERY	OR CREMATORY	23d 10CATION	(City or Town)	(County)	(Stote)
	REMOYAL (Specify	2 2 706			Chilli	, ,	,	háo
24	Buria FUNERAL DIRECTO		ADDRESS		D SY REGISTRAR		R'S SIGNATUR	
4	42	- Il Prosent		Sow MAR	6 1967	yellar	les yen	dec.
m. 1.	1 00 0 V	A LIMITAL NA	- 2401 Rell -	DATE				U

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			CENTIFIC		F DEATH	6 a si	18 1 11 12		791	
OF DEATH NTY	Baltimore		MARYLA			•	eased lived, if institu b. COU	NTY Balt	cimore	ion)
OR TOWN (f autside corporate limi I give nearest town) WSON	ts,	c. LENGTH OF STAY IN					JRAL ond give	0-22/	
				d. :		.644	Hardwick	Road	e. IS RES ON A YES	FARM?
OF SED or print)			FAUSTMAN		Lost	OF	Fahmin			^{'ear} 67
Le	6. COLOR OR RACE white		ISI.		-	14	9. AGE (In years last birthday) 53 yrs.			ER 24 HRS. Min.
LOCCUPATION of working LUEGAE	(Give kind of work don- life, even if retired) e manager			11			r foreign country)			
ER'S NAME	William x	Faust	man	14.	MOTHER'S MAIDEN		nna Grand	y		
DECEASED EVE or unknown) es	R IN U.S. ARMED FORCES (If yes give wor or dotes W W 2	of service)				ıd Fai			dwick R	d.,4
PART I. DEA	IH WAS CAUSED BY: IMMEDIATE CAUS DU , which gove e couse (o), rlying couse	(c) Three	story of Parly di	throng and	rest Lorin	Con	narye.	lo_ tema	ONSET AND	DEATH
ACCIDENT WA	S UNDERLYING 🗆								19. WAS AU PERFOR YES	NO L
THER, NOTIFY TIME OF INJ Hour o.	MEDICAL EXAMINER) JRY Month, Doy, Yeor n.	Whi	le - Not While -				f. (City or town)	(Cour	nty)	(Stote)
			nded the deceased fr	d that de	OTTENDING	MED.	M, from couses	ond on the	e dote state	
	Dr. Will	iam P.	Benson, Jr.		22d. ADDRESS					18
			23c. NAME OF CEMETE							(Stote)
	OR TOWN (INC. RURAL AND TO	OR TOWN (If outside corporate limite RIVAL and give nearest town) TOWS ON TOWS	OR TOWN (If outside corporate limits, the RURAL and give nearest town) TOWS ON IE OF HOSPITAL OR INSTITUTION (If not in hospitol, 1644 Hardwick Road First Hardwick Road OF SED GEORGE JOSEPH OF SED GEORGE JOSEPH 6. COLOR OR RACE WIDOWELL WIDOWE	OR TOWN (If autside corporate limits, te RURAL and give nearest town) TOWS ON IE OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 16 LL Hardwick Road OF SED 16 CEORGE JOSEPH FAUSTMAN 6. COLOR OR RACE White WIDOWED DIVORCED 10 LOCCUPATION (Give kind of work done stof working life, even if retired) 10 LEGEASED EVER IN U.S. ARMED FORCES? OF TURKNOWN) (If yes give wor or dotes of service) 11 L DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ONTRIBUTING CAUSE (O), or immediate couse (o), or immediate c	OR TOWN (if autside corporate limits, te RURAL and give nearest town) TOWS ON IE OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 16 LL Hardwick Road OF SED OF print) GEORGE JOSEPH FAUSTMAN OF SED OF print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 134 OCCUPATION (Give kind of work done white white WIDOWED 10 DIVORCED 14. OCCUPATION (Give kind of work done with done stof working life, even if retired) OLIGEASED EVER IN U.S. ARMED FORCES? OF UNKNOWN) OF SED OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUR TOWN (if only, which gove on immediate cause (a), and the deceased of the underlying cause of DEATH (in the control of the couse (b), and the couse (c), and the deceased of the couse of the couse of the couse of the couse (b). II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 10 DEATH BUT NOT RELATED TO THE TE CONTRIBUTING 12 CAUSE OF DEATH (HER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year Hour o.m. 19 of work 19 of w	OF TOWN (If outside corporate limits, te RURAL and give nearest town) TOWSON IE OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) IE OF DOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) IE OF DOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) IE OF DOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) OF SED TOWN (If outside corporate limits, to RURAL and give street oddress) IE OF DOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) IE OF DOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) IE OF DOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) IE OF DOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) IE OF DOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) IE OF DOSPITAL OR INSTITUTION (If not in hospital) IE OF DOSPITAL OR INSTITUTION (If not in hospital) II DOSPITAL OR OR RACE II DOSPITAL OR OR OR RACE II DOSPITAL OR OR OR RACE II DOSPITAL OR	OR TOWN (If outside corporate limits, to RURAL and give necrest town) OR TOWN (If outside corporate limits, to RURAL and give necrest town) IE OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) 16 LA HARDWICK ROAD OF SED SED OF SE	OR TOWN (If outside corporate limits, write RL TOWSON 21204 16 OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 16 Let Hardwick Road 16 Lost 4. DATE Februa: 17 MARRIED 70 NORTH FAUSTMAN 18 OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 18 OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 19 Lost 4. DATE Februa: 19 ACE (In years of the print) 10 Lost 5. COLOR OR RACE 7. MARRIED 70 NORTH 70	OR TOWN (If outside corporate limits, exite RURAL and give Reversations) In outside corporate limits, exite RURAL and give Reversations and the RURAL and give Rural and Rural a	OR TOWN (if ourside corporate limits, write RURAL and give nearest town) 10 FOR 10 FO

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral—director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar to burial, crematian, or remaval, and in any event, within 72 hours after death... TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

102100	V A 9	W re
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: R a. STATE b. COUNTY	esidence before admission)
BAITIMORE MARYLAND	MD RAITI	MORE
b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY DR TDWN (If outside corporate limits, write RURAL	and give nearest town)
CATONSVILLE	CATONSVIILE	03 /
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
GUO STUNEY ZANE	GOO STONEY LANE	YES NO
3. NAME OF First Middle DECEASED PROPERTY OF THE PROPERTY OF T	Last 4. DATE Month DF	Day Year
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE DE BIRTH 19. AGE (In years I IF UNDER	196 1 YEAR II FUNDER 24 HRS.
M WIDOWED M DIVORCED	1. (\$) 4. ()	Days Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) INDUSTRY		TIZEN OF WHAT
SUPT. CONTRACTOR CONTRACTOR	mD. U.	5.A-
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
HERMAN FAYA	MARY HOLTMAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address	-1-11/100
- W	AMER 1, PAYA 600%	YONEY LINYE
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
IMMEDIATE CAUSE (a)		a ougs
Conditions, If any, which	1	
gave rise to Immediate		
cause (a), stating the DUE TO underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
5 OUTO CON NELTVA		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PROPERTY OF	RRED. (Enter nature of Injury In Part I or Part II of Item 18.	,
	CE OF INJURY (Home, farm, 20f. (City or town) (Courty, street, office bidg., etc.)	inty) (State)
Hour a.m. p.m. 19 While Not While ractor	, accor, onlow blug., occ.,	
21. I certify that (I) (this hospital) attended the deceased from.		that (I) (we) last
	death occurred atM, from the causes and on the	
22a. SURNATURE	ATTENDING - MED STAFF -	ATE SIGNED
22c. PHYSICIAN'S M.D.	PHYS. DIRECTOR PHYS.	70 60
NAME (Type)	10.1. Frederick /ch - 2	8
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cou	inty) (State)
BURIAL (Specify) 2/20/67 NEW CATH	EDERAL BALTIMORE	28. MD.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'	
FARIEY-CAVANAUGH 6601 FREDERICK	AUE DATE LE 2 0 1961	0

VR A15 1/65

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then place remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in the with the State Dept. of Health prior to burial, cremation, or removal, and in the hour, within 72 hours after death.

VR A15 2DM 5-

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01797 กาซกา

ш		
1	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	BALTIMORE MARYLAN	MARYLAND B. COUNTY PRINCE GEORGES
	b. CITY OR TOWN (if outside corporata limits, c, LENGTH OF STAY IN	
	write RURAL and give nearest town)	
	CATONSVILLE	GREENBELT,
a	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
0	PARADISE NORSING HOME	PARKWAY YES NO D
	3. NAME OF First Middle	Last 4. DATE Month Day Year
	DECEASED (Typa or print)	FEREN DEATH 7/1- 5 19/87
	5. SEX 6. COLOR OR RACE 17 MADDIED NEVER MADDIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	last birthday) Months Days House Min
	MALE CAGE ASIAN WIDOWED DIVORCED	30JAU 1887 80 yrs. Months 2003 Min.
	10a. USUAL OCCUPATION (Give kind of work dana during most of working life, even if ratirad)	JSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	DALESMAN, REAL ESTATE	E. MANAVATA 118
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	I I have the same to the same of the same	
	JOHN HENRY FUREY	UNKNOWN
		JEATRICE F. FUREY P.O. BOX 123
	1/0 397-01-42092	GREENBELT, MARY LAND
	18. CAUSE OF DEATH [Enter only one cause parling for (a), (b), and (c).)	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	1 Thromboere Right ONSET AND DEATH
	IMMEDIATE CAUSE (a)	THE MOUSIS IN JULY SYNY
	DUE TO Sphar	2 1.1
	Conditions, if any, which (b)	Atthrip selancis 10 yrs
	gave rise to immediate causa (e), stating the underlying DUE TO	End IIII
	cause last,	Spin Candoms 10 915
	Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	I NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20 Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
٠,	\\ \frac{\sqrt{\sq}\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	YES NO Z
1	= 2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCION OR CONTRIBUTING CAUSE OF DEATH	URRED. (Entar nature of injury in Part I or Part II of Itam 18.)
	G (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ZDc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Steta)
	Oc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.	factory, street, office bldg., atc.)
		1959 3/5//27 1100
	21. I certify that (I) (this hospital) attended the deceased from	om, 10
	saw the deceased alive on	hat death occurred an O. A. from the causes and on the date stated above.
	22a. SIGNATURE	ATTENDING MED STAFF _ 2/5/61/22b. DATE SIGNED
	NE BULLET	M.D. PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S	22d. ADDRESS
1	NAME (Type) WEMCGVOTH M	D 1203 Vradavick Rd Tomorie som
	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETA	RY/OR CREMATORY 23d. LOCATION (City, town or sounty) (State)
	DEMOVAL (Specify)	01, 6 B OF 00 CM
	DUNIAL 10-1-01701 STC 10200	he com delleville, I laryland
)	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	W. W. Chambers Co. Viverdal	C. TICL DATE LD 1 1961 Charles Judge

F 21 F 1 WENT STRANGE THE THE The state of the s 113511

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

e. IS RESIDENCE ON A FARM?

YES X NO

Year

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN CONSET AND

> WAS AUTOPSY PERFORMED?

ond in my opinion

22. DATE SIGNED

(State)

NO

(Stote)

Days

COUNTRY?

(County)

County

2So. REC'D BY REGISTRAR

FOR STATE HEALTH DEPT ny delay is 2, and 3 ta PM3. Poge

Office olong with form

ainer's

pencil in Item 18. Give Pages

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the Chief Medic

should be forwarded to

Poge

funerol director.

the

the certificate,

please execute

be executed within 24 hours after deoth.

This certificate should writing the word

EXAMINER:

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ofter hours tote e St the within with event podes land 2 ony .⊑ pup removol, Dermi 0 cremation, 0 OS buriol, prior to pe 3 should its designoted ogent, may be retoined far your FUNERAL DIRECTOR: Poge

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) Baltimore a. COUNTY Maryland b. COUNTY Paltimone O deoth. MARYLAND Depart ment b. CITY OR TOWN (If autside carporate limits, write RURAL and give neorest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give neorest tawn) Towson lowson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Washington Avenue Joseph's Hospita 3. NAME OF Middle 4. DATE Month DECEASED OF Ferruary Fieldino (Type ar print) SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR last birthdoy) Months X WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) (arpenter- Retire Maruland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Laura J. Fielding INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dotes af service) Records 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise ta immediate cause (a), DUE TO stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 1B.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Hour o.m. foctory, street, affice bldg., etc.) While Not While of wark 19 ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection -Inquiry deoth resulted from: Natural couses f Suicide Accident Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 5 may be 70 FUNERAL Health or i DEPUTY MEDICAL EXAMINER EXAMINER'S Charles F.O'Donnell, M.B. NAME (Type) Address (Street, city, tawn, ar caunty) 23a. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) REMOVAL (Specify) Paria emeteru Maruland 25b. REGISTRAD'S SIGNATURE

ADDRESS

Burns Sons, Towson, Maryland

VR A15ME (5) 6M 1/66

24. FUNERAL DIRECTOR

POLICE CONTRACT LINES OF SHIPME LAND

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

4	01799	3	CERTIFICA	ATE OF DEATH		1795			
	1. PLACE OF DEATH					an: Residence before odmission)			
	o. COUNTY Ba.	Ltimore	MARYLAND	g. STATE Mar	yland b. COUN	Baltimore			
	b. CITY OR TOWN (f outside carparate limits,	c. LENGTH OF STAY IN 1b		Itside corporate limits, write RUR	(AL and give neorest town)			
	Baltimo	give neorest jown 34	14 yea	ars Bal	timore, Md.	21234 03-1			
	d. NAME OF HOSPIT	AL OR INSTITUTION (If not in		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
)	9606 H	arding Aven	ue	9606 Ha:	rding Avenue	YES NO X			
	3. NAME OF DECEASED	First	Middle	Lost	4. DATE Mont				
	(Type ar print)	Walte	r Levi	Finch	DEATH F'eb	ruary 10 1967			
Н	S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Manths Days Hours Min.			
	Male	White w	IDOWED X DIVORCED	May 18, 18					
	10a. USUAL OCCUPATION	(Give kind af wark dane	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& State, ar fareign country)	12. CITIZEN OF WHAT			
	during most of working Assembl.	y even in renired)	Instrument	Baltimo:	re, Md.	COUNTRY?			
	13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
	George :	Finch		Ruth Jan	nes				
	1S. WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes af sen		17. INFORMANT	Addre	55			
	No	(II Aez dine mot or gotes of set	213-09-2267	Mrs. LaVeri	ne E. Doerer				
	18. CAUSE OF DI	INTERVAL BETWEEN							
	PART I. DEAT	ONSET AND DEATH Sudden							
	IMMEDIATE CAUSE (o) Cardiac arrest 1992 Out TO Conditions, if ony, which gove) (b) Arteriosclerotic cardiovascular disease								
	Canditians, if ony	Several yrs							
	rise to immediot	Approx.							
	last.	L months							
,	PART II. OTHER SI	19. WAS AUTOPSY PERFORMED?							
	ATIO					YES NO K			
	20g. ACCIDENT WA		205. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port I or Port II af item 18.)				
4		CAUSE OF DEATH MEDICAL EXAMINER)							
	20c. TIME OF INJI Haur o.r	JRY Month, Doy, Year	and the second s	PLACE OF INJURY (Hame, farm		(County) (Stote)			
	p.r	10	While Nat While of work	foctory, street, office bldg., etc.					
	21. I certi	fy that (I) (#DECHEDSPEDIG	1) ottended the deceased from	n July 6,	9 60 to Feb. 6	, 19_67, that (I) (\$100) los			
		eceosed olive on	Feb. 6, 1967, ond	that death occurred at	/:I5AM, from couses	ond on the dote stoted obove			
	22o. SIGNATURE	014	2	ATTENDING	MED. STAFF	22b. DATE SIGNED			
		0.1.	in	M.D. PHYS. 22d. ADDRESS	DIRECTOR LA PHYS.	Feb. 13, 1967			
	22c. PHYSICIAN'S NAME (Type	S.J. Liu,	M.D.		arford Road				
						16 11 16 11			
)	230. BURIAL, CREMATIC				23d. LOCATION (City or Tox				
	TO SEE MUXAG (Specify	0/12/67	Monolond	-IC Formani	Daltimona	Co Wa			
1	Bur 10VAL (Specify	1 - 2	Moreland 1	Memorial Pk	Baltimore, D BY REGISTRAR 25b. RE	Co., Md.			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health prior ta burial, cremation, ar remayal, and in any event, within 72 haurs after death

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

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	28 186 th year	A	wine sinker
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01800	CERTIFICATE	OF DEATH		017	96
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLÂND		Where deceased lived, if institut Iaryland b. COUI	ion: Residence be NTY Balti	
b. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest tawn) Baltimore	c LENGTH OF STAY IN 15 Years	c CITY OR TOWN (If ou Baltim	utside corporate limits, write RUI 1016	RAL ond give nea	rest tawn)
d. NAME OF HOSPITAL OR INSTITUTION (If not in h 814 Hatheleigh Road	aspital, give street address)	d. STREET ADDRESS 814 Hat	heleigh Road		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) ROBER*	Middle	lost FISHER	4. DATE Mont OF Februar	ry 23.	oy Year 19 6 7
Mala Libita	<u> </u>	8. DATE OF BIRTH NOV. 8, 1908	9. AGE (In years lost birthday) 58 yrs.	Months Doy	
100. USUAL OCCUPATION (Give kind af wark dane dwing mest of weeking life & ven if retired by	lob. KIND OF BUSINESS OR INDUSTRY Dairy	11. BIRTHPLACE (County Ohio	& State, ar foreign country)	12. CITIZEN COUNTR	OF WHAT
13. FATHER'S NAME Edgar C. Fisher		14. MOTHER'S MAIDEN Irene	NAME K. Schaeffing		
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of servi	(0)	nformant s. Ricka Fi	Addre Lsher, Same as		
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line far (a), (b), and (c).)	AL INI	=ARC7100	Y	NTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to immediate couse (o), DUE TO stoting the underlying couse last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year

Haur a.m.

While Not While

factory, street, affice bldg., etc.)

21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an and that death accurred at M, fram causes and an the date stated above 22a. SIGNAJURE 22b. MED. DIRECTOR

22c. PHYSICIAN'S NAME (Type)

23b. DATE THEREOF

Feb.25, 1967

ATTENDING PHYS. M.D. ADDRESS 2 22d.

STAFF PHYS.

23d. ŁOCATION (City or Tawn)

Woodlawn, Maryland

(County) (Stote)

BUREMONAL (Specify) 24. FUNERAL DIRECTOR Wm. Cook-Brooks Towson,

23o. BURIAL, CREMATION

ADDRESS 1050 York Road Towson 4, Maryland

23c. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

2So. REC'D BY REGISTRAR FEB 28

DATE

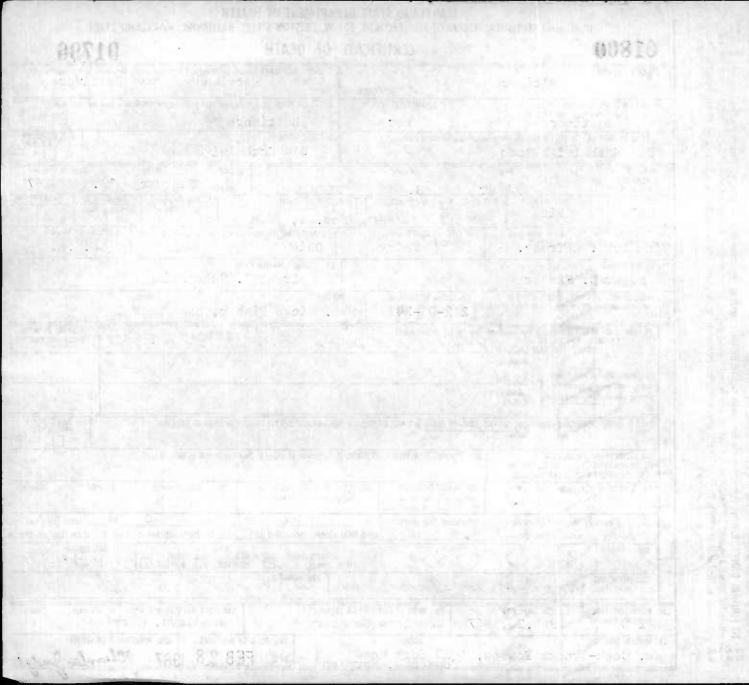
REGISTRAR'S SIGNATURE 2Sb.

signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages 1 and 2 burial, cremation, ar removal, and in any event, within 72 hours after death. **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior to

OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 haurs after death.

campletely filled in by the funeral ave carban papers. Pages 1 and

VR A15 (4) 20 M 1/66



HOSPITAL

death.	director be filed
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MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISION	OF STATISTICA	L RESEAR	CH AND RECORD	os, 301 W. PRESTON ST	REET, BALTIMORE 1	, MARYLAND
	0180	1		CERTIFICA	TE OF DEATH		01797
1.	PLACE OF DEATH	i i			2. USUAL RESIDENCE (Who	ere deceased lived, If institutio	n; Residence before edmission)
	a. COUNTY				a STATE	b. COUNTY	- 0 V
	Bayall	miles		MARYLAND	Mariken	a Hour	2201
	b. CITY OR TOWN (if outside corporate limit	ls. l.c.	LENGTH OF STAY IN 16	CITY OR TOWN IN outside	corporate limits, write RURAL	and give nearest town)
	write RURAL end	give nearest_town).		7 10006.	5-110	- Consolidation, willow Kokie	ond give neorosi town,
/	Landa	CESTOR	721	SWEEKS	FEELCOS	(1111	13-2
	d. NAME OF HOSPI	TAL OR INSTITUTION (i	f not in hospital,	give street address)	d. STREET ADDRESS	51	. IS RESIDENCE
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	(Type or print)	THUG	E	mmA. Th	12Wally DE	ATH 7007	26 1967
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	+	11,7	/. Moderne	THE VER WORKIED	10.01-1862	last birthday) Months	
		100	WIDOWED D	DIVORCED	12-84-1075	73 yrs. 0	A
10	. USUAL OCCUPAT	ION (Give kind of work	IDb. KIND	OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (County & Stat	te, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
do	ne during most of wo	rking life even if retire	d)		Ve11203 (1)	11	11
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13.	FATHER'S NAME	210	0		1 14. MOTHER'S MAIDEN MAME	na)	
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	(QU	xvui	J.h		Luca C	DAMEN	0 = 2
15.	WAS DECEASED EV	ER IN U.S. ARMED FOR	CES? 16. SOC	TAL SECURITY NO. 17.	INFORMANT /	- Address	204 1.4.0 Val
(Y	s, no, or unkown) (I	fyes give war or detes of se	ervice)	11	1000011-03 x +	- Phan T	the Contraction
			9630.0	NONO.	coccypte (1) 2 1	sine durne	2 Ramballo
	18. CAUSE OF D	EATH Enter only one	cause per line f	or (e), (b), and (c).]	. 0 0	2	I INTERVAL BETWEEN Z
		H WAS CAUSED BY:	.1	A	- of - 6		ONSET AND DEATH
		IMMEDIATE CAUSE (e)	J. Q. J.	uceru	c mock		
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	(e), steting the u	nderlying Due 10					
	cause lest.) (c)					
Z	PART II. OTHER	SIGNIFICANT CONDIT	TIONS CONTRIB	UTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PA	ART 1(e) 19. WAS AUTOPSY
HOLL	D-721	Can Vax.	1	222 1 2	2201- 1/0	6 1/01.00	PERFORMED?
5	Much	020020	Lec	correcto-	· (Voscelle	2 Celaco	YES NO
CERTIFICA	20e. ACCIDENT W	AS UNDERLYING	20b. DESCRIB	E HOW INJURY OCCURE	D. (Enter neture of injury In Pert I or	Pert II of item 18.)	
ERI	OR CONTRIBUTING	CAUSE OF DEATH					
	(IF EITHER, NOTIFY	MEDICAL EXAMINER					
WEDICAL	2Dc. TIME OF INJU	RY Month, Day, Yes	r 20d. INJU	RY OCCURRED 20e. PL	ACE OF INJURY (Home, ferm, 2Df.	(City or town) (C	County) (State)
ă	Hour e.m.		While	Not While fac	tory, street, office bldg., etc.)		
×	p.m.	19	et work	et work			
	21 Leontifu t	hat (I) (this bosnit	al) attanded	the deceased from) 10	to.	10 that (1) (up) last
			A 0	produce and the second	19,		
	saw the deceas	ed alive on		190 ,, and tha	I death occured at A.M.	from the causes and or	the date stated above,
	220. SIGNATURE) 0	-9	7 -			22b, DATE
	() e /	Serke	106	/ .	ATTENDING MED.	STAFF	SIGNED
	Store 1/c	xuuuc	Cor	cec 1	A.D. PHYS. X DIRECTOR	PHYS.	2 26-67
	22c. PHYSICIAN'S	5 210	DA	001111	22d. ADDRESS O PI	L' tilolle	0.1. 0
	NAME (Type)	シイおみべ	130	CHLIA)	00/11	00000	23 1
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230		ON, 23b. DATE THER	EOF 23	. NAME OF CEMETERY	OR CREMATORY 23d.	LOCATION (City, town or con	unty) (Stete)
Г	REMOVAL (Specify)	3-1-196	7 /	Mandau Nia	100 Comotor L	oward County	Maryland
L	urial	00 321-190	0//	Callott 1 (1		oward County	
24	PUNERAL DIRECTOR	SIGNA URE	M	ADDRESS	25a. REC'D BY R	EGISTRAR 256. REGISTRAR	S SIGNATURE
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01802 HEALTH DEPT. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY Baltimore o. STATE b. COUNTY deoth. MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greenwich d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 772 North St. e IS RESIDENCE ON A FARM? hours St. Joseph Hospital YES NO 3. NAME OF Middle DATE Month First Dov Year Plym DECEASED Lisa OF FLINN EB 2 196 within (Type or print) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH 7 MARRIED lost hirthdoy) Months Hours WIDOWED DIVORCED event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? ony CONN. SCHOOL 5/RL 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME = LILLEY and WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) removal ABOUF CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN IMMEDIATE CAUSE (0) IRREVERS 184 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 0 cremation, DUE TO UBARACIENDID AND SUBDURAL HEMORRAME Conditions, if ony, which gove rise to immediate couse (a). DUF TO stating the underlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY CERTIFICATION PERFORMED? NO 0 200. EXTERNAL CAUSE WAS PRIMARY DOI CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) prior OFF HURSE CAUSE OF DEATH. its designoted ogent, 20r TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Not While 61 GNODE ot work ot work Soltant Inspection ... 21. I certify that I took charge of the remains described obaye, held an Autopsy [Inquiry A and in my apinion deoth resulted fram: Natural causes Accident . Suicide . Undetermined monner Hamicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION. 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) TTSBURE 24 FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR 1967

DATE

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	(PLACE OF DEATH D. COUNTY	Baltimor	-	MAR	RYLAND	2. USUAL RESIDEN a. STATE	Md.		COUNTY _	dence before		n)
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90		Ivy Hall	Nursing H	ome			Box 455	Burke	Road Bo	wleys	Qtrs	ON A FA	NO T
		NAME OF DECEASED		rst	Middle		Last	4. DAT	E	Manth	Day	Year	r
	5. 9	Type ar print)	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED [] 8	Foote DATE OF BIRTH	DEA	7H 9. AGE (In year	ors IF UNI	DER I YEAR	IF UNDER	27 24 HRS
	J	Male	White	WIDOWED	DIVORC		8-4-1895		last bythdo			Haurs	Min.
	10a. duri		(Give kind af wark dane fe, even if retired)		IND OF BUSINESS OR IDUSTRY			nore, N	foreign country) aryland		COUNTRY	S.A.	
	13.	FATHER'S NAME				1	14. MOTHER'S MAI		nie Burk	de comb			
	15	WAS DECEASED EVED	achirah Fo	1 14	SOCIAL SECURITY NO.	-17 ()	IFORMANT	AIII		Address	4	<i>#</i>),	
	(Ye	s, go, ar unknawn) (If yes give war ar dates o	of service)	18-07-221	7.7	Jeanett	e Fanni					
		18. CAUSE OF DEA	ATH (Enter anly one cau H WAS CAUSED BY: IMMEDIATE CAUSE	((a), (b), and (c))	ry fo	vilure					T AND DE	
		(anditions, if any,	DUE which gave)		aucer	of th	e proph	agus	(metal	tasis) 6	we	elle
2		rise to immediate stating the underl last.	ying cause DUE	TO (c)	auer	U	7	V			9	' Je	ur
2	ATION	PART II. OTHER SIG	HIFICANT CONDITIONS C	ONTRIBUTING			HE TERMINAL DISEAS		IVEN IN PART 1(a)		VAS AUTO PERFORME	
	CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. Di	ESCRIBE HOW INJURY	OCCURRED. (Enter nature af injui	ry in Part I ar I	Part II af item 18	B.)			
	MEDICAL	20c. TIME OF INJUI Haur a.m	****** 10	20d. II While			F OF INJURY (Hame, ry, street, affice bldg.		. (City ar taw	m)	(Caunty)	(S	state)
		21. I certife	y that (I) (this hos ceased alive on	pital), atten	ded the deceased	d from(and that	death occurred	, 1963 d of 2 A	, to	2-T, ises ond o	19 <u>01</u> , the n the date	it (I) (v stated	ve) la
		22a. SIGNATURE	isua C	Do.	Ruma	ly M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	228	2 - 2		67
1		22c. PHYSICIAN'S NAME (Type)	EUGENE	C.B	AUMAN	IN	22d. ADDRESS	ASTE	RN AUC	Bal	timo	ne 3	U,
3	23a	8URIAL, CREMATION REMOVAL (Specify)	N, 23b. DATE THI	EREOF	23c. NAME OF CEA	METERY OR C	REMATORY	23d.	LOCATION (City	ar Tawn)	(Caunty)	(St	ate)
P	0.4	Burial FUNERAL DIRECTOR	2-28-	1967	Bel Air	Memo	rial Ceme	REC'D BY REGI	Bel Air	h DECICTDAE	'S SIGNATURE	Mo	1
D	4	TONERAL DIRECTOR	٦	071.	- 7401B	00	6/	CCD			P/	•	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01804 CERTIFICATE OF DEATH and 2 death. death. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE DF DEATH a. COUNTY b. COUNTY the 1 a. STATE Pages 1 after c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) B. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) after MARYLAND C. LENGTH OF STAY IN 1b papers. Page hours BALTIMORIE IMORE e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS within 72 ON A FARM? 24 NO X YES VISTA V15TA rand completely f remove carbon pa n any event, withir within Year Last DATE Month Day NAME OF Middle 4. DECEASED OF 2 DEATH 6 19 (Type or print) -OPD executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) | Months | Days Hours WHITE WIDOWED DIVORCED 2 yrs. 12. CITIZEN OF WHAT 17. BIRTYPLACE (County & State, or foreign country) physician and in and in 5 10a, USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY 115A STANDARDS CONTROL 60 AIRCRA RD certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME After this certificate has been signed by the attending lid be detached for use as the burial-transit permit. The State Dept. of Health prior to burial, cremation, or femore 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITYNO. death (Yes, no, or unkown) (If yes give war or dates of service) MT, VISTA RO 25 ANTOINETI INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). PHYSICIAN: The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) DUE TO SARCOM mos Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? CATI YES NO CERTIFI 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) CAL (State) 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) MEDI Hour a.m. While Not While ATTENDING at work at work p.m. DIRECTOR: Al age 3 should fled with the S retained 19 6 21. I certify that (1) this hospital) attended the deceased from and that death occurred at/O AM, from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22a SIGNATURE 22b. be ATTENDING STAFF page : DIRECTOR TO HOSPITAL Page 4 may тау director, pag should be file 22c. PHYSICIAN'S ADDRESS NAME (Type) 571 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23a. Ferry Hall Baltimore Md. Cemetery Burial chael's 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

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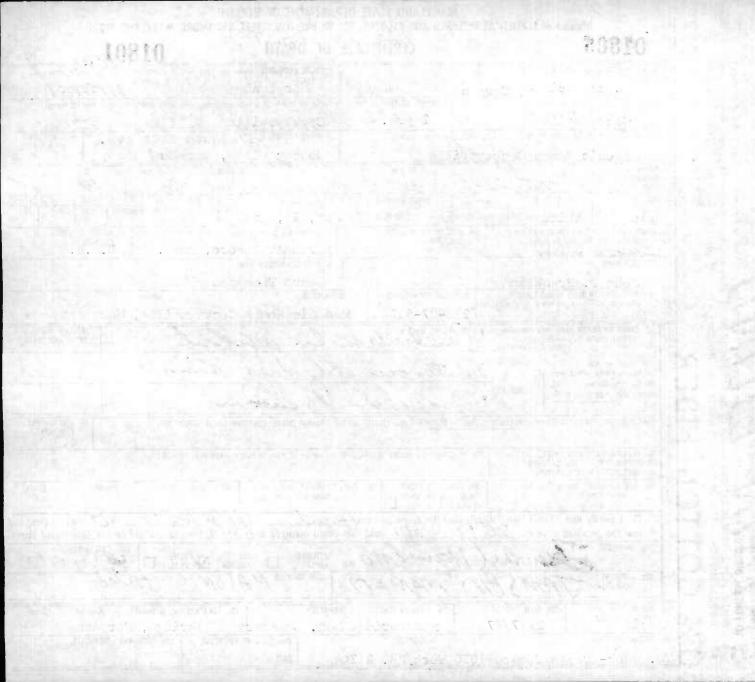
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		Cock	Baltimore eys v ille	lowson	MARYLA	o. STATE		ion: Residence before odmission) NTY BANTIMORE 31.4
		o. CITY OR TOWN (I write RURAL and	If outside corporate limits give nearest town)		c. LENGTH OF STAY IN 1		de corporote limits, write RUI	
I			ysville		2 yrs.	Cøøkøysvil		
1			AL OR INSTITUTION (If no			d. STREET ADDRESS		Ave . e. IS RESIDENCE ON A FARM?
ŀ	0		c Homes Co			Gogkeysvil	les/Maryland	YES NO X
l		NAME OF DECEASED Type or print)		195	Middle D	FRANKAINIS		1ARY 14 1967
ı	S.		6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED [DIVORCED [3. DATE OF BIRTH 3. Jan, 14, 188	7 9. AGE (In years lost birthdoy)	Months Doys Hours Min.
		iale	White (Give kind of work done		ND OF BUSINESS OR	11. BIRTHPLACE (County &	713.	12. CITIZEN OF WHAT
ı	duri	ng most of working	life, even if retired)	IN	DUSTRY	North Attle		COUNTRY?
ŀ	13.	FATHER'S NAME	SMITH			14. MOTHER'S MAIDEN NA		0,0,11.
I			. Franklin			Laura Thom		
ŀ		WAS DECEASED EVE	R IN U.S. ARMED FORCES?		OCIAL SECURITY NO.	17. INFORMANT	Addre	ess
	(Ye	s, no, or unknown) No	(If yes give wor or dotes o	of service)	5-07-6134	Masonic Homes	Cockevsvålle	e. Marvland
ŀ		18. CAUSE OF DE	EATH (Enter only one cou IH WAS CAUSED BY:			olular all	. 1	INTERVAL BETWEEN ONSET AND DEATH
?	TION	Conditions, if ony, rise to immediat, stating the under lost. PART II. OTHER SIG	e couse (o), rlying couse	(c) 3, C	Spiral 6- O BEATH BUT NOT RELATE	Track Present To the TERMINAL DISEASE COND	TION GIVEN IN PART I(o)	19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED. (Enter noture of injury in Po	rt 1 or Port II of item 18.)	11310
	MEDICAL	20c. TIME OF INJU Hour o.n	10	2Dd. IN While of work	Not While	e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
		21. I certif	fy that (I) (this has eceased alive an_	pital) attend	led the deceased from 19 <u>67</u> , and	amfrigate , 19 d that death accurred at A	50 M, fram causes	, 19,62, that (I) (we) lo and an the date stated above
		220. SIGNATURE	Jan 1	high to	tound Mi	M.D. ATTENDING M	ED. STAFF PHYS.	226. DATE SIGNED 1967
		22c. PHYSICIAN'S NAME (Type)	JAMS	H11)	HAME	22d. ADDRESS MI	ASONIC 19	BME.
		DUDIAL CDEMATIC	ON, 23b. DATE THE	REOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City or To	wn) (County) (Stote)
	230	BURIAL, CREMATIO						will (conity) (stole)
0	23o	REMOVAL (Specify)			Meadowrid	lge Mem. Cemeter		, Maryland

Cook-Brooks Towson 1050 York Rd. 21204

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or ottending physicion. VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01806 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY Anne Arunde Baltimore Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 3lvr29dvs Edgewater Park 02 -Catonsville d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Spring Grove State Hospital none YES NO 3. NAME OF Middle Lost 4. DATE Month Doy Year Virginia Lee DECEASED Free Feb. 1967 (Type or print) Mary DEATH S SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdoy) Months Doys WIDOWED DIVORCED Female 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Washington D.C. U.S.A 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME James A. Richardson Virginia Grinder 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 219-54-3115T Records: Spring Grove State Hospital INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY Acute bilateral pneumonia IMMEDIATE CAUSE (o) 4-90 X DUF TO Chronic pulmonary disease Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATION Chronic brain syndrome associated with cerebral arterio. 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work 2-23 1907, that (We) last 21. 1 certify that XI) (this haspital) attended the deceased fram. 1-24-36 19 . ta saw the deceased alive an 2-23-67 19, and that death occurred at 6:50 M, from causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING 2-24-67 DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS Spring Grove State Hospital NAME (Type) Evelio A. Felipe Catonsville, Maryland 21228 230. AURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** 2Sb. REGISTRAR'S SIGNATUR

by the funeral Pages 1 and 2 nours after death. requires that the death certificate be executed within 24 hours after death papers. Pagithin 72 hours of completely fi × event, remove and in any ease Ign remayal, attending pm permit. 5 crematian, signed by the burial-transit p burial, cremati Page 4 moy be retained by the haspital ar attending physician. er this certificate has been significate for use as the bate Dept. af Health priar tab TO HOSPITAL OR ATTENDING PHYSICIAN: The law be detached State Dept. o director, page 3 shauld be d should be filed with the State VR A15 (4)

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND STATE DEPARTMENT OF HEALTH

01807

CERTIFICATE OF DEATH

01803

									-			
1.	PLACE OF DEATH	ALTIMORE		MARYLA	NID.	2. USUAL RESIDENCE o. STATE MARY	(Where deceos	ed lived, if instituti b. COUN		e before	odmissio	on)
		If outside corporate limits,		c. LENGTH OF STAY IN		c. CITY OR TOWN (If o		te limits, write RUR	RAL ond give	neorest	town)	
	FORT HOW	give neorest town)		50 DAYS	9	PIKESVILI					12-	,
		AL OR INSTITUTION (If not in h	ospitol, q			d. STREET ADDRESS	ريو			(IS RESID	DENCE
9		ADMINISTRATIO		OSPITAL		739 HOWAR	D ROAD				ON A FA	ARM?
3.	NAME OF	First	011 11	Middle		Lost	4. DATE	Mont	h	Doy	Yeo	
	DECEASED (Type or print)	CHARLE	S	JOSEPH		FREEMAN	OF DEATH	FEBRUAR	Y	2	19	67
5.	SEX	6. COLOR OR RACE 7. M	ARRIED	NEVER MARRIED	E	B. DATE OF BIRTH		AGE (In years	IF UNDER 1		IF UNDER	
1	MATE	WHITE W	DOWED	DIVORCED	F	EBRUARY 6.	1900	66 yrs.	Months	Doys	Hours	Min.
100	. USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (Count	y & Stote, or for	eign country)	12. CITI	IZEN OF	WHAT	,
du	ring most of working SALESMAN	life, even if refired)	AU	TOMOBILE		BALTIMO	DRE, MA	RYLAND	U	S.A.		
	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
5	SAMUEL BR	OWN FREEMAN				MARY EI	IZABET	H KIRWIN				
15.		R IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17. 1	NFORMANT	V	A HOSPIT	AL			
13	YES	(If yes give wor or dotes of servi	21	2 01 77 80	CL	INICAL RECO	ORDS F	ORT HOWA	RD, M	ARYI	LAND	
		EATH (Enter only one couse per									RVAL BET	
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	LAF	ENNEC'S CIRI	RHOS	IS OF LIVE	R			ONS	SET AND D	JEATH
	5811	DUE TO										
	Conditions, if ony											
	stoting the unde											
	last.) (c) _										
×	PART II. OTHER SI	GNIFICANT CONDITIONS CONTRI	BUTING T	O DEATH BUT NOT RELATE	D TO T	HE TERMINAL DISEASE CO	INDITION GIVE	N IN PART 1(o)		19.	WAS AUTO PERFORM	OPSY IED?
CATIC										YE		NO Z
CERTIFICATION	200. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DES	SCRIBE HOW INJURY OCCU	JRRED. (Enter noture of injury in	Port I or Port	II of item 1B.)				
		MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJU	JRY Month, Doy, Yeor	20d. IN While	JURY OCCURRED 20		E OF INJURY (Home, for ory, street, office bldg., etc		(City or town)	(Cou	nty)	((Stote)
ME	p.t	10	ot work		10010							
	21. I certify that (1) (this hospital) attended the deceased fram DEC. 11, 19.66, ta FEB 2, 19.67 that (1) (we) la sow the deceased glive on FEB 2 19.67, and that death accurred of 111.0PM, fram causes and an the date stated above											
	22o. SIGNATURE	. 0				ATTENDING	MED.	STAFF	22b. DA			
	91	2. /alle	it		M.D). PHYS. \square	DIRECTOR	PHYS.	2/	3/6	7	763
	22c. PHYSICIAN'S	TOTTAL D. MAT DE	anyon .	W D		22d. ADDRESS	m motata	DD MADW	CAND			
	texuse (1 the	JOHN D. TALBE	wr,					RD, MARY				
230	o. BURIAL, CREMATIC		nin	23c. NAME OF CEMETE				CATION (City or Tox		(County)	(5	Stote)
	BUR LAL	The state of the s	6/	BALTIMORE,	NA	TIONAL		IMORE, M				
	4. FUNERAL DIRECTO	T. I CATAIR TI . IATA	WELL	INCADDRESS			D BY REGISTR		GISTRAR'S SI			
RI	RISTERSTO	WIN RD & WATER	ON A	VE PIKESVI	TIR	MTD DATE	EB 6	1967	Milian	420	Jacob	las.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral directar, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and many event, within 72 haurs after death,

VR A15 (4) 20 M 1/66

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5-1 (M)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please regions carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in alpy event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND O1808 CERTIFICATE OF DEATH

01003	OLK III IOATI	OF PEATH	Ul	OU'X
1. PLACE OF GEATH a. COUNTY BALTIMORE	MARYLAND	2. USUAL RESIDENCE (Who a. STATE MARYL	ere deceased lived, If institution: AND b. COUNTY	Residence before admission)
b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside SPARKS	e corporate limits, write RUR	AL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho SPARKS ROAD	ospital, give street address)	d. STREET ADDRESS SPARKS	POAD	e. IS RESIDENCE ON A FARM? YES ND
3. NAME OF FIRST DECEASED (Type or print) FREDERICK	D. FRU		ATE Month	Day Year 25 1967
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED	NEVER MARRIED 8	AAR. 26, 1907	9. ACE (In years IFUNDI last birthday) Months yrs.	ER 1 YEAR IF UNDER 24 HRS. Days Hours Min.
BOOK-REEPER WOL	ND OF BUSINESS OR IDUSTRY F & MANN CO.	NEW JER	SEY U	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	/	14. MOTHER'S MAIDEN NAP		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	(EY	1111-10	DUSHAW	
(Yes, no, or unkown) (If yes give war or dates of service)	social security no. 17. 3-01-4921	FAMILY REC	Address 20RD5	
18. CAUSE OF DEATH [Enter only one cause per li	ne for (a), (b), and (c).]	0 1	,	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	molhage.	Esopageen Vi	acces	142
Operations of any united to DUE TO	ulasia d	1		6-18 40
conditions, if any, which gave rise to immediate (b)	reaction of	Juli		0 10 1
cause (a), stating the DUE TD underlying cause last.				
(0)	TINC TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE	CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY
COAT				PERFORMED?
PART II. OTHER SICNIFICANT CONDITIONS CONTRIBUTED 2Da. ACCIDENT WAS UNDERLYING 20b. D OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury	in Part I or Part II of Item	18.)
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a.m. While at work	Not While factor	E OF INJURY (Home, farm, y, street, office bldg., etc.)	Of. (City or town) (C	ounty) (State)
21. I certify that (I) (this hospital) attende		2-24 , 19 67	to 2 - 25 , 19	6), that (I) (we) last
saw the deceased alive on 2-25	19 67, and that	death occurred at 9 A		
22a. SIGNATURE	202.1	ATTENDING MED.	STAFF 22b.	DATE SIGNED
22c. PHYSICIAN'S	M.D.	PHYS. DIRECTO	OR L PHYS. LIK	25-6)
NAME (Type) C. HERBERT	MUELLER);	100000	ON MO	
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d	. LOCATION (City, town or o	county) (State)
24 FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY	RECISTRAR 25b. RECISTRA	R'S SICNATURE
Maker Burner Jones	Louson 1 h	1	201	was Indae
Lain man and	50000000	DATE MAR 2	1967 Pales	Webs Judge

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e. IS RESIDENCE ON A FARM?

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12. CITIZEN OF WHAT

COUNTRY?

U. S.A.

IF UNDER 1 YEAR

Month

Address

Feb.

YES NO K

Year

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

3 hrs.

19. WAS AUTOPSY

YES K

(County)

Inquiry [X],

2Sb. REGISTRAR'S SIGNATURE

2So. REC'D BY REGISTRAR

MAR 3

PERFORMED?

ond in my opinion

22. DATE SIGNED

(Stote)

2-27-67

(County)

Milanda Judge

NO

(State)

19 67

Poge deoth. delay and 3 1 partment c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) and PM3. Randal Istown after Woodlawn d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS De form OURS 6725 Kincheloe Ave. Baltimore County General Hospital 8. Give Poges 0 24 hours after death. along with 3. NAME OF Middle 4. DATE First Lost DECEASED the Fuller John M. DEATH (Type or print) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED * 9. AGE (In veors 6 ast birthdoy) Male White 3-2-97 WIDOWED DIVORCED Office event in Item] 2 and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY Tile (Retired) pending" in pencil in ef Medical Exominer's ony Baltimore, Md. poges in ony 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME pencil within John Fuller File puo Genevieve Maisel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT executed permit. removal, (Yes, no, or unknown) (If yes give wor or dotes of service) Thos. Fuller-6725 Kincheloe Ave., Woodlawn, Md. 714-05-6755A ves 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) Chief buriol-tronsit pe PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (o) Massive retroperitoneal hemorrhage 10 This certificate should the word cremation, DUF TO Ruptured aortic aneurysm - Thoracic Conditions, if ony, which gove (b) rise to immediate couse (a). 2 DUE TO te, writing the 0 stoting the underlying couse SD burial, used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION certificote, 0 pe 20o. EXTERNAL CAUSE WAS prior 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Part II of item 18.) 3 should PRIMARY Or CONTRIBUTING should OTAL EXAMINER: files. CAUSE OF DEATH agent, 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Hour o.m. foctory, street, office bldg., etc.) While Not While none Poge of work ot work pleose execute designated 21. I certify that I took charge of the remains described above, held on Autopsy Inspection 3. FUNERAL DIRECTOR: the funerol director. Notural couses . Accident . deoth resulted from: Suicide Homicide Undetermined monner retained CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE may be DEPUTY MEDICAL EXAMINER Heolth or **EXAMINER'S** D. D. Caples, M. D. 6 Hanover Rd Advis Reis tiers town Md. NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 50 REMOVAL (Specify) Baltimore, Maryland Baltimore National Cem. 3/1/67 BURTAL

ADDRESS

4107 Wilkens Ave.

VR A15ME (5) 6M 1/66

24 FUNERAL DIRECTOR

Howard H. Hubbard

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01810

CERTIFICATE OF DEATH

01806

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	. PLACE OF DEATH					Where deceosed lived, if institutio		efore odmission)	/
-	o. COUNTY	LTIMORE		MARYLAND	o. STATE MARY	LAND b. COUNT	T	_ /	
t	b. CITY OR TOWN (If outside corporate limits,		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporote limits, write RURA	L ond give ne	orest town)		
1	FORT HOW	d give nearest tawn)		60 DAYS	BALTIMOR	E		30.4	
H		TAL OR INSTITUTION (If no	ot in hospital, g		d. STREET ADDRESS			e. IS RESIDEN	
ı	VETERANS	ADMINISTRA	TION H	OSPITAL	1380 NORT	H CALHOUN STREE	CT	ON A FARA	W?
t	3. NAME OF		rst		ERSONOST	4. DATE Month		Day Year	-
I	(Type or print)	CHAR	TES	WILLIAM	GASKINS	OF DEATH FEBRUAR	2Y 6	1967	
1	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEA	AR IF UNDER 24	
	MALE	NEGRO	WIDOWED	DIVORCED [August 5. 1	lost birthdoy) yrs.	Months Do	ys Hours	Min.
h	IOo, USUAL OCCUPATIO	N (Give kind of work done		ND OF BUSINESS OR	TT. BIRTHPLACE (County	y & State, or foreign country)		N OF WHAT	
1	during most of working	lite, even if retired)	IN	DUSTRY	LOTTESBU	RG. VA.	U.S		
1	13. FATHER'S NAME				14. MOTHER'S MAIDEN				
ı	JOSEPH G	ASKTNS			LIZA KING				
	IS. WAS DECEASED EV	ER IN U.S. ARMED FORCES?		SOCIAL SECURITY NO. 17.	INFORMANT	VA HOSPIT	AL		
ı	YES (1es, no, or unknown)	(If yes give wor or dotes of	2 Service)	15 46 89 42 0	LINICAL REC			RYLAND	
F	IB. CAUSE OF D	EATH (Enter only one cou	se per line for	(o), (b), ond (c).)				INTERVAL BETWE	
ı	PART 1. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(a) INFA	RCTION OF MYO	CARDIUM, ACU	TE		ONSET AND DEAT	IH
ı	4801	BUS	-10						
ı	Conditions, if ony		(b) ARTE	RIOSCLEROTIC (CORONARY THR	OMBOSIS, ACUTE			
ı	rise to immedio								
L	last.)	(c) ARTE	RIOSCLEROTIC F	HEART DISEAS	E			
1	PART II. OTHER S		ONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0)		19. WAS AUTOPS	Y 2
1	NEOPIAS COUTE 200. ACCIDENT WA	M METASTATI				RIMARY SITE UNI	MOMN.	PERFORMED?	X
	20a. ACCIDENT W	SUNDERLYING L	20b. DE	SCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in	Port I or Port II of item 1B.)	11115		
		G CAUSE OF DEATH MEDICAL EXAMINER)					189		
	20c. TIME OF INJ. Hour o.	URY Month, Doy, Yeor			ACE OF INJURY (Home, for		(County)) (Sto	te)
	Hour o.	m. 19	While of work		ctory, street, office bldg., etc				
	21. I cert	ify that (1) (this has	pital) attend	ded the deceased fram_	DEC. 8	19 66, to FEB. 6	, 19.67	, that () (we	e) las
ı	saw the c	leceased alive an I	EB 6,	19 <u>_67,</u> and the	at death accurred a	t_1110M, fram causes a	ind on the	date stated a	ibave
ı	220. SIGNATURE	91		11 0	ATTENDING	MED. STAFF	22b. DATE 9	SIGNED	
ı		/tho	race	Mudas, "	I.D. PHYS.	DIRECTOR L PHYS. L		101	
L	22c. PHYSICIAN': NAME (Type		DUDAS,	M. D.	VAH FORT	HOWARD, MARYLA	AND		
L									
1	230. BURIAL, CREMATI REMOVAL (Specif			23c. NAME OF CEMETERY OF		23d. LOCATION (City or Tow		unty) (Stote	e)
1			-67	BALTIMORE I		BALTIMORE, N	STRAR'S SIGNA	ATHE	
1	24. EUNERAL DIRECTO	1/1		KELSON FUNERAL	L HOME	D BY REGISTRAR 2Sb. REG	Landa	o Ceedaa	
	1 7 11 0 . 1	186 1/12 . 1		AT CATTOTES OF	- A DAIL	100	1	of the same	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death-TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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		REQUIRED .	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

0101

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01007

- 0101					
1. PLACE DF DEAT	H			(Where deceased lived, If institution:	Residence before admission)
	timore		a. STATEMary]	Land b. COUNTY	rederick /
		MARYLAND		LITIKKULL	
write RURAL	/N (if outside corporate limits and give nearest town)	c. LENGTH OF STAY IN 1b	C. CITY OR TOWN (IF O	utside corporate limits, write RURAI	" and Rise negrees roun)
Catonsvi	and give nearest town)	2 WEEKS	Westministe	er	11-2
d. NAME OF HO	SPITAL OR INSTITUTION (if no	t in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Shady N	ook Nursing Hom	10	18 Webster	Street	YES NO.
3. NAME DF	First	Middle	Last	4. DATE Month	Day Year
(Type or print)	Ada	Rebecca	aver	DEATH Feb. 11	19 67
5. SEX	6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER	1 YEAR IF UNDER 24 HRS.
F	White wind	OWED A DIVORCED	10/30/1886	last birthday) Months	Days Hours Min.
10a. USUAL OCCUPA	TION (Give kind of work done 1	LOB. KIND OF BUSINESS OR		nty & State, or foreign country) 12. C	ITIZEN OF WHAT
at home	ing life, even If retired)	INDUSTRY	FREDERIC	K MD	OUNTRY?
13. FATHER'S NAM	A.F.		1 14. MOTHER'S MAIDE	1	·3·U.
	Delivery of the second				
Tyson D.			Amanda (
(Yes, no. or unkown)	EVER IN U.S. ARMED FORCES? (If yes give war or dates of service)	16. SOCIAL SECURITYNO. 17.	INFORMANT	Address	
no			s. Glayds S.	Latimer Ellico	tt City, Md.
18. CAUSE OF	DEATH [Enter only one cause	per line for (a), (b), and (c).]	^		INTERVAL BETWEEN
PART I. D	EATH WAS CAUSED BY:	Cerebral 4	to remelancia		ONSET AND DEATH
001	IMMEDIATE CAUSE (a)	Ceremay /	110140715		
330	DUE TO				
Conditions, If					
gave rise to					
cause (a), s underlying cau	tating the				
		TRIBUTING TO DEATH BUT NOT BELA	TED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
ATT I	Significant Constitutions Con-	THE PERIOD REPORTED TO	(IED TO ITTE LEMMINIED)		PERFORMED?
2					YES NO
PART II. OTHER 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING [] 2 ING [] CAUSE OF DEATH ITIFY MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of	injury in Part I or Part II of Item 18	3.)
		20d, INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, far	m. 20f. (City or town) (Co	ounty) (State)
Hour a.		facto	ry, street, office bldg., etc		unity) (State)
112		While Not While t work at work			
21. certi	fy that (I) (this hospital) a	ttended the deceased from	1-23 19	62 to 2-1/ , 196	2, that (I) (we) last
	ceased alive on 2 1		death occurred at La	A.M. from the causes and on	the date stated above.
22a. SIGNATU		- 1			DATE SIGNED
_	Mione -)	Hesbert, M.D.		ED. STAFF 2	-11-67
22c. PHYSICI	AN'S	HENCEN , MIL	22d. ADDRESS	THIS.	
NAME (T	ype) Thomas H	= Herbert, M.	2 44 Chuns	and Ellicott Cot	s Md
23a. BURIAL, CRE	MATION, 23b. DATE THEREO	F 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or co	ounty) (State)
BEMOVAL (SE	eclfy) 2/14/6	7 ST. PAUL'S LUTS	H. CEMETERY	MUTRCUILLE	MD.
24. FUNERAL DIR		ADDRESS		D BY REGISTRAR 25b. REGISTRAF	R'S SIGNATURE
0.6	20 11. 1	ust to an	1 50	B 1 5 1987 Och	-10 O
1. 2.	where boil	To more, M	DATE T	10 1001	nes judge

A15 5 (4) 1/65 10816 HTCHE DE R. AMERICAN

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01812 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH a. STATE a. COUNTY MARYLAND b. CITY OR TOWN (If outside corparate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn m. wilso Ballo d. STREET ADDRESS e IS RESIDENCE ON A FARM? haurs 2001 Hargrove NO NO 3. NAME OF DATE DECEASED GIBSON NCE 196 (Type or print) DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 1F LINDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) 4-14-714 WIDOWED 10b. KIND OF BUSINESS OF 10a. USUAL OCCUPATION (Give kind of work done BIRTHPLACE (State ar fareign cauntry) 12. CITIZEN OF WHAT COUNTRY? 215, during mast of warking different it retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Haward 16. SOCIAL SECURITY NO 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, na, ar unknawn) (If yes give war ar dates of service INTERVAL BETWEEN
ONSET AND DEATH IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO For advanced Pulmonory Ibe Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION YES X NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) PRIMARY I ar CONTRIBUTING [CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) Nat While factory, street, affice bldg., etc.) at wark Inspection X Inquiry X. 21. I certify that I took charge of the remains described above, held on Autopsy ond in my opinion Undetermined monner deoth resulted from: Noturol couses Accident Suicide Homicide -CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, tawn, ar county) NAME (Type) BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) HUBURN 24. FÜNERAL DIRECTOR 2Sb_ REGISTRAR'S_SIGNATURE 2Sq. REC'D BY REGISTRAR

Page 3 to 0 delay Department guq farm State Item 18. Give Pages be executed within 24 haurs after death. with the alang and 2 pending" in pencil in ef Medical Examiner's File burial-transit s a burial-tro cremation, This certificate shauld writing the ward the farwarded nsed the certificate. pe shauld shauld EXAMINER: may be retained for your FUNERAL DIRECTOR: Page please execute the funeral directar. DEPUTY 5 may be 1 TO FUNERAL Health or i necessary,

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prior

agent,

designated

VR A15ME (5) 6M 1/66

23c. NAME OF CEMETERY OR CREMATORY

Gilkerson Cemetery

23d. LOCATION (City or Town)

2Sq. REC'D BY REGISTRAR

DAFE

(County)

Milanles Judge

Prichard West Virginia

2Sb. REGISTRAR'S SIGNATURE

VR A1SME (5) 6M 1/67

23a. BURIAL, CREMATION,

24. FUNERAL DIRECTOR

23b. DATE THEREOF

Feb.22, 1967

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01814

CERTIFICATE OF DEATH

01810

		o. COUNTY					2. USUAL RESIDE	NCE (Wher	re deceosed liv	ed, it institut b. COU		ce before	admissia	in)
		Baltimore MARYLAND					Maryland Seator all Co							
	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)			C. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)								
		Baltimore			410	2	Balti	more		#2I2	234		03	-/
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol, give street address)						d. STREET ADDRES			.,,		6	IS RESID	
18		St.	Joseph Ho	spital		EV.	2645	Wend	lover F	Rd.		1	ON A FA	NO 🗌
		NAME OF DECEASED	1	irst	Middle		Last		DATE OF	Man	th	Day	Yea	r
		(Type or print)	B	aby boy	A. Tennada L		Goedeke		DEATH	Febru			196	7
	S.	male	6. COLOR OR RACE white	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	100	Feb. 5,	1967		E (In years t birthday)	Manths Manths	1 YEAR Days	Hours Hours	Min.
	100	USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (C			country)	12. CI	TIZEN, OF	WHAT	17
	duri	ing most of working	life, even if retired)	IN	DUSTRY	-	DAL	110	· N	W	CO	UNITRY?	54	
	13.	FATHER'S NAME					14. MOTHER'S MA	IDEN NAM	NE .					
		Paul Fr	ancis Goed	eke			Fren	nch,	Mrs.	Joan A	Angela			
	15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES	? 16.	SOCIAL SECURITY NO.	17. 1	NFORMANT			Addr	ess			
-	(Te	es, no, ar unknawn)	(If yes give war ar dotes	of service)			Parer	nts		sar	ne			
		1B. CAUSE OF D	EATH (Enter anly one co	use per line far	(a), (b), and (c).)								RVAL BETY	
		PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSI	Imm	aturity				ALC:			ONS	ET AND D	EAIH
		7761	V	E TO										
		Conditions, if any, which gave) (b)												
	rise to immediate couse (o), Stating the underlying couse DUE TO								333					
		(c)												
	N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?												
/	AII	YES NO D									NO X			
Š	MEDICAL CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)												
	S		JRY Month, Doy, Year	20d. IN	IJURY OCCURRED	20e. PLAC	E OF INJURY (Hame	e, farm,	20f. (Cit	y ar tawn)	(Ca	unty)	(:	State)
	MED	Hour a.m. p.m. 19 While atwark of work of work												
		21. I certify that (I) (this hospital) attended the deceased fram Feb. 5 , 1967, ta Feb. 5 , 1967, that (I) (we) last												
	9	sow the deceased alive on Feb. 5 167, and that death occurred at 7.55 M. From causes and on the date stated above.												
	220. SIGNATURE M.D. PHYS. DIRECTOR PHYS. Z Z Z Z DATE SIGNATURE ATTENDING MED. STAFF PHYS. Z Feb. 5									196	7			
,	Н	22c. PHYSICIAN'S		-			22d. ADDRESS							
4		NAME (Type	Jose A	. Agut	δ		762	20 Yo	ork Rd.	Balt	imore,	Md	212	204
	230	REMOVAL (Specify		HEREOF	23c. NAME OF CEMI	ETERY)OR	REMATORY		23d. LOCATIO	N (City of To	wn)	(County)	1 KSI	ote)
P	0.	DURIN	C 4-8	-61	17 PLY	TRE			REGISTRAR	AL I	GISTRAR'S S	ICAIATUD	1 d	
M	24	FUNERAL DIRECTO	EVANI	a Son	8 ADDRESS	HAR	Topal R DAN		1 6 19F		Land		edge	
N	-	7								11 1		1		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending by scion and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remayal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

> VR A15 (4) 20 M 1/66

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DATE CONTINUES			
A STATE OF THE STA			CHARLES (\$100)

MEDICAL EXAMINER: This certificate pleose execute the certificate, the funeral director. Page VR A15ME (5)

21. I certify that I taok charge of the remains described above, held an Autopsy Inspection Inquiry ond in my apinian death resulted from: Natural causes 30 Accident Suicide | Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 2/18/67 **EXAMINER'S** Werner U. Spikz, Address (Street, city, tawn, ar caunty) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (Caunty) (State) REMOVAL (Specify)
Burial 2/19/67 Mt. Lebanon Cemetery Hyattsville, Mont. 2Sa. REC'D 8Y REGISTRAR **ADDRESS** 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR S. LEWIS + SON GARRISON

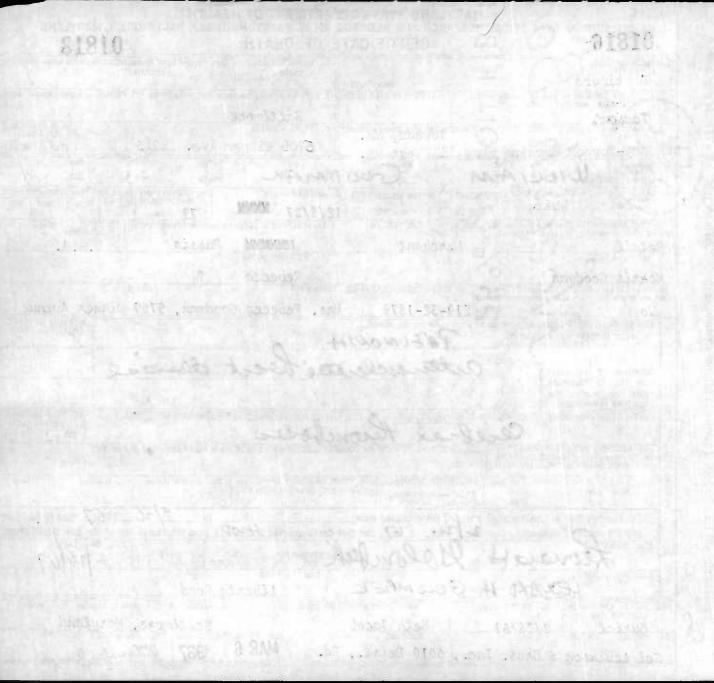
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove ration papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OF CERTIFICATE OF DEATH
OF CERTIFICATE OF DEATH

OZOZO	01012
1. PLACE OF DEATH 2. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. SMHTYland b. COUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Towson	Baltimore 31.4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AOORESS 0. IS RESIDENCE ON A FARM?
Oulaney-Towson Nursing Home 111 West Rd.	5709 Winner Ave. 21215 YES □ NO 🕅
3. NAME OF DECEASED (Type or print) WILLIAM STORY	DMAL AND DAY Year DEATH 2 26 1967
Male White	8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Min. 12 / 8 / 87 Yrs. FUNDER 1 YEAR FUNDER 24 HRS. 15 Under 1 YEAR Hours Min. M
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INOUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Retail Merchant	RUSSIA U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Morris Goodman	Rebecca ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
No 219-32-1879 I	Mrs. Rebecca Goodman, 5709 Winner Avenue
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND OFATH
PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a)	4
4200 DUE TO 0 40 0	
Conditions, If any, which) (b) attrosclere	the West desease
gave rise to immediate (cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Elebral thron	ulases YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTTOOT RELA 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Wille Mot while	pry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	19 to \$/76, 1967, that (1) (we) last
saw the deceased alive on 2/26 19 67, and that	t death occurred attoch, from the causes and on the date stated above.
22a. SIGNATURE	/) 22b. OATE SIGNED
Leonard Delenital	ATTENDING MEO. STAFF DIRECTOR PHYS. D 2 2017
22c. PHYSICIAN'S NAME (Type) EXAMPLE H GOLOMBEK	22d. ADDRESS Liberty Road
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 2/28/67 Beth Jacob	Baltimore, Maryland
24. FUNERAL DIRECTOR ADDRESS	25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Sol Levinson & Bros. Inc., 6010 Reist.,	Rd. MAR 6 1967 Schooles Quelos

VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH EI. NAME OF DECEASED 2. DATE AND HOUR OF DEATH FEB . 28 , 1967 4. USUAL RESIDENCE (Where deceased lived. If institution: residence MARY C. GORMAN PLACE OF DEATH IN BALTIMORE MARYLAND BALTIMORE COUNTY MARYLAND (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) PAT, TIMORE D. STREET ADDRESS (If rurol, give location) MARMACOST NURSING HOME REGESTER APTS. 7. MARRIED, NEVER MARRIED Hours lost birthday) WIDOWED, DIVORCED (specify) E TEMALE WHITE DINGLE 12, CITIZEN OF Edone during most of working life, even if retired) WHAT COUNTRY? RALTIMORE MOTHERS MAIDEN NAME JOHN J. GORMAN 15. Was Deceased Ever in U. S. Armed Forces? 5. Yes, no or unknown) (It yes, give wor ar dates of service) ADDRESS SECURITY NO. GROGAN , JR 929 N. H ONSET-AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise all the obave couse (A) stoting the UNDERLYING CONDITION lost. Not Whife 22. I certify that (1) (this hospital) attended the deceased from that (1) twe) lost sow the deceased alive on ond that in(my) (our) opinion death occurred on the date ond how ond from the couses a 23A. SIGNATUREV 23A. SIGNATUREV 23C. PHYSICIAN'S NAME (Type) The WILL TAM REMOVAL (Specify) BURIAL 3/2/6 and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 238. DATE SIGNED Attending M.D. Director 23D. ADDRESS 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION

be retained by VR A15 (4) 25M 1/67

25A. DATE REC'D BY HEALTH DEPT.

FULL NAME OF HOSPITAL OR

INSTITUTION

cample tely filled

executed

certificate

carban

-transit permit.

1B.

(APPROX.)

signed by the burial-transit p burial, crematic

H.W. MEARS & SON 305 N. CALVERT

THE RESIDENCE OF THE PROPERTY OF THE PARTY O

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) is necessary, irector. Page your files. Health, a. COUN b. COUNTY MARYLAND b. CITY OR TOWN Life outside corporate limits. c. CITY OR TOWN (If guiside cornarate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 RURALland give neerest town) d. NAME OF HOSPITAL ON INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? build be executed within 24 hours after death. If any doin pencil in Item 18, Give Pages 1, 2, and 3 to the function of the sound with form PM3. Page 5 may be retained purial-transit permit. File pages 1 and 2 with the State Roval, and in any event within 72 hours after death. YES NO K NAME OF Middle Year OF DRAES DEATH 196 5. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years HF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Hours WIDOWED DIVORCED T 10a UAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHE CE (State of foraign country) 12. CITIZEN D WHAT COUNTRY? done buring most of working life, even if retirad mourance 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, not or unknym) (If yes give wer or detes of service) Office along with it burial-transit permit movel, and in any e EXAMINER: This certificate should be executed 18. CAUSE OF DEATH [Entar only ona cause par line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava rise to immadiate cause 10 "pending" DUE TO (a), stating the underlying Examiner as ò cause last. be used cremation, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) | 19. WAS AUTOPSY PERFORMED? ertificate, writing the word ded to the Chief Medical ECTOR: Page 3 should be Non Recu NO 20b. DESCRIBE HOW INJURY OCCURED. (Epfer natura of hijury in Part I of Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. e forwarded to the Chief 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer (County) (State) factory, street, office bldg., etc.) -Not While prior to While. at work at work should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection IV. Inquiry and in my opinion designated agent, Natural causes death resulted from Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY EXAMINER'S NAME (Typa) Addrass (Streat, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Spacify)
Burial 2/11/67. Parkwood Cemetery Baltimore, Md. Q40 p OH 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME Leonard J. Ruck, Inc. Balto. Md. 21214 5M 7/59

LAND STATE DEPARTMENT OF HEALTH

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certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital or attending physician.

DIVISION OF STATISTI

	MARYLAND STATE DEPARTMENT OF HEA	LTH
CAL	RESEARCH AND RECORDS, 301 W. PRESTON STR	REET, BALTIMORE 1, MARYLAND
	CERTIFICATE OF DEATH	01814

	0101	
1. PLACE DE DEATH 2. COUNTY Baltimore MARYLANE	2. USUAL RESIDENCE (Where deceased lived, If institution: Residen a. STATE Maryland b. COUNTY Base	timo re
b. CITY DR TDWN (if outside corporate limits, write RURAL and, give nearest town)	c. CITY DR TDWN (If outside corporate limits, write RURAL and g	(Ive nearest town)
(ockeysville	Cockeysville 03-	- 10 DECIDENCE
d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street addre		e. IS RESIDENCE DN A FARM?
Boxer Hill Rd., Near Padonia Rd.	Boxer Hill Rd.	YES ND
3. NAME OF First Middle GEGEASED (Type or print) John MacCallum	Gray Last 4. DATE Month Da February 1	7, 19 67
5. SEX 6. COLOR DR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEA	
Male White WIDDWED DIVDRCED	Jept. 2, 1090 / yrs.	
10a. USUAL OCCUPATION (Give kind of workdone) 10b. KIND OF BUSINESS DR durlog most of working life, eyen If retired) INDUSTRY.	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEI COUNTRY Scotland	V OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Robert Gray	Mary Farmer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 1	7. INFDRMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service) 024-03-4608 F	amily records	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOME D	Lung	SEI AND DEATH
163X DUE TD		
Conditions If any which		
gave rise to Immediate		
cause (a), stating the DUE TO		
underlying cause last. (c)	FLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119	, WAS AUTOPSY
S FART II. STHEK STGMT I CAN I CONDITIONS CONTRIBUTING TO DEATH BUT NOT K		PERFORMED?
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R 202. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
Z 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e.	PLACE OF INJURY (Home, farm, 20f. (City or town) (County)	(State)
While Wot while	ctory, street, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from.	may 16, 1966, to 7 16, 1967,	that (I) (we) last
0/14/2	hat death occurred atM, from the causes and on the da	ate stated above.
22a. SIGNATURE	M.D. PHYS. DIRECTOR PHYS. 22b. DATE S	1 1967
22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. 1	1
NAME (Type)		
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET	ERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
(remation 1 teb. 20, 1967 Greenmount	Cenetery Baltimore, Maryland	NATURE
John Burns' Sons, Towson, Maryland		**
Joint Loudes Joins, Tousons, Thoughand	DATE EB 2 3 1967 Charles	And a

VR A15 (4) 20M 1/65

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THE PERSON NAMED IN THE PE

A STATE OF THE STA

The later was a second of the second of the

funeral 24 hours after R ATTENDING FIRE SECURITY of alternations of the strength of t executed The law requires that the death certificate be the State Dept. of Health prior to burial, cremation, or removal, and in any event, should be detached for use as the burial-transit permit. PHYSICIAN: ATTENDING

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

ULOZI	U							HX	15	
1. PLACE OF DEAT	Н			2. USUAL RESIDE				. Residen	ce before	edmission)
Balt	imore		MARYLAN	o. STATE Mary	land	b. COU	NTY			/
b. CITY OR TOWN	(if outside corporete limits	,	c. LENGTH OF STAY IN	1b c. CITY OR TOWN	V (If outside cor	porate limits, wri	te RURAL	end give	neerest tov	vn)
Ca ton	d give pearest town)			Ralt	imore				21-	11
d. NAME OF HOSP	TAL OR INSTITUTION (if	not in hospi	tel, give street address)	d. STREET ADDRES						ESIDENCE
Shady Nook	Nursing Hon	ne.		532	West Mu	The mr S	St.			A FARM?
3. NAME OF	First		Middle	Lost	4. DATE	Mont		Dev	Yee	-
DECEASED (Type or print)	Mary		H.	Griffith	OF					67
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	-		IF UNDER	
Female	White	WIDOWED		February 24	, 1873	last birthday) 93 yrs.	Months	Deys	Hours	Min.
done during most of w	TION (Give kind of work orking life, even if retired	1Db. KIN	D OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (Co	ounty & State, o	r foreign country	12. (CITIZEN O	F WHAT	COUNTRY
Hou sew	110			Virgi						
13. FATHER'S NAME				14. MOTHER'S MAID	EN NAME					
Robins	on Wa.	Lker		Lucy	Robi	nson				
	VER IN U.S. ARMED FOR C (If yes give wer or detes of se-		OCIAL SECURITY NO. 1	7. INFORMANT		Addres	15			
gave rise to immed (e), steting the ceuse last. PART II. OTHE	underlying DUE TO	онѕ сонт	RIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE	CONDITION GI	VEN IN PA	ART 1(a) 1	9. WAS	AUTOPSY ORMED?
PART II. OTHE									YES 🗌	NO 🔼
OR CONTRIBUTION	VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	2Db. DESC	RIBE HOW INJURY OCC	URED. (Enter nature of injury	in Pert I or Pert	II of item 18.)				
20c. TIME OF INJ Hour e.m. p.m.	URY Month, Dey, Yee	20d, IN While et work	Not While	PLACE OF INJURY (Home, 1 factory, street, office bldg.,		ity or town)	(0	County)		(Stefe)
	that (I) (this hospital			that death occurred at	195 A to				hat (I) e stated	
22e. SIGNATURE	en R	aug	· *	M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			2 6	SIGNE
22c. PHYSICIAN'S NAME (Type		R	ATLIER T	3 n 22d. ADDRESS 460	5.20	MOND	501	v A	UZ	M
230. BURIAL, CREMA' REMOVAL (Specify Remova	12		23c. NAME OF CEMET	ery or crematory		cation (city, is rmony Gi				State)
24 FUNERAL DIRECTO			B ally	rul. 25a.	REC'D BY REGI	STRAR 256. RI		'S SIGNA		и

TO HOSPITAL.

death. Page A

TO FUNERAL

director, page 3

be filed with the

CECENCE! Acres and South States new days of the late the comment Farmer Ct. 1873 | Spranter Company of the Control of the Contro with in this could be in a highlight built and the contract of H = mean

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove/carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event may even 72 hours after death.

	o a pivisio	N OF STATISTIC	MAR CAL RESE	ARCH AND RECORDS	PARTMENT OF HE	ALTH REET, BALTIMORE 1, M	ARYLAND
1	11041			CERTIFICAT	E OF DEATH	018	316
1.	PLACE OF DEATI e. COUNTY	1				ere deceased lived, If institution: Reb. COUNTY	esidence before admission)
		MORE		MARYLAND	e. STATE MARYCAND	BALTIA	NONE
	b. CITY OR TOW	N (if outside corpora and give nearest tow	te limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outsid	e corporate limits, write RURAL	and give nearest town)
	RURAL	BALTIM	ORE	20 YR	KURAL	BALTIMORE	13.1
	d. NAME OF HOS			ospital, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	13051	AINTREE	RO.		1305 AINTI	KEE NO,	YES NO A
3.	NAME OF DECEASED (Type or print)	WILLIA	rst 4-M /	Middle ELLSWORTH	GROFF	DATE Month OF DEATH 2	Day Year 17 1967
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IFUNDER Months	Days Hours Min.
	M	W	WIDOWED	DIVORCED [NOV.17,1913	73 yrs.	
10a dur	. USUAL OCCUPAT	ION (Give kind of work ing life, even if retire	done 10b. K	IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County &	0.0	TIZEN OF WHAT UNTRY?
E	NOINEE	A AINCRA	- 1 4	RCNAFT-ROCKETS	EASTON 1	ENNSYLVANA-US	4
13.	FATHER'S NAM				14. MOTHER'S MAIDEN NA	ME	
	WILL		anor		HATTIE WU	RZBACHER	
15. (Ye	WAS DECEASED!	EVER IN U.S. ARMED FO (If yes give war or dates o	ORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Address	- 4 >0 -
9	P NO	RESERVEZ	10	87-09-8814	WIFE MATAL	EGROFF 130)	AINTICER
				ine for (a), (b), and (c).]		D =	ONSET AND DEATH
	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	(a)	ACUTE MYOU	AKDIAL IN	PARCTION	5 MIN
	4201	DUE	ТО				2045
	Conditions, If		(b) A	RTERIOSCIE	COTIC VASCO	LAR BYXXX	2048
	cause (a), st	DITE	TO				
2	underlying caus		(c)			FOUNDITION ON THE PARTY OF THE	110 WAS AUTODOV
CERTIFICATION						E CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO EX
	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING ☐ ING ☐ CAUSE OF DEA TIFY MEDICAL EXAMI	TH NER)	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury	In Pert I or Part II of Item 18.	
CAL		INJURY Month, Day,	Year 20d. I	facto	CE OF INJURY (Home, farm, arry, street, office bldg., etc.)	20f. (City or town) (Cou	nty) (State)
MEDICAL	Hour a.r		While at wor	Mot while	ry, ad est, office blug., etc.)		
-				ed the deceased from	FEB , 19 65		(2) that (I) (we) last
		ceased alive on,	FEB	// 19 67, and that	death occurred at 11 4	M, from the causes and on the	
	22a. SIGNATUI		,		ATTENDING - MED.	STAFF 22b. Di	ATE SIGNED
-		Land LOA	and	J.M	DIRECT	OR PHYS.	181967
	22c. PHYSICIA NAME (T)		1	44 4 4 5 5	22d. ADDRESS	CHRAVEN &C	
		THIN VISL	14.0	MANSKY			
23a	BURIAL, CREM	ATION, 23b. DATE	THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23	7	M/D (State)
24			1-6.1	ADDRESS	1 25a. REC'D BY	REGISTRAR 25b. REGISTRAR'	S SIGNATURE
24	ALLA /7	VZ	V-Tank	A A // I T	EFR	20 1967 Allian	les judge
1	UM.COC	ON-DROOM	5,10105	011/1/10050	NY 9 MO DATE	4	<i>U U</i>

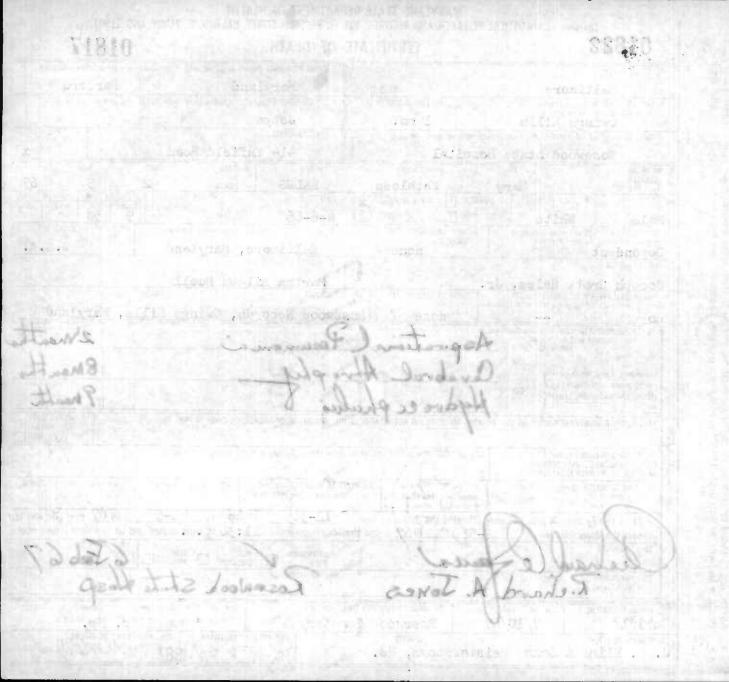
VR AI5 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	2		CERTIFICATE	OF DEATH		01014
PLACE OF DEATH O. COUNTY				O STATE	Where deceosed lived, if institution b. COUN	TY
Ba:	ltimore		MARYLAND	Maryl	and	Harford
b. CITY OR TOWN	(If outside corporate limit	ts,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	itside corporote limits, write RUR	AL ond give neorest town)
Ow Ow	id give nearest town)		l mo.	Joppa	l e	1217
d. NAME OF HOSPI	TAL OR INSTITUTION (If n	ot in haspitol, ç	give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Ro	sewood Stat	e Hospi	ital	414 F	nfield Road	YES NO X
3. NAME OF	F	irst	Middle	Lost	4. DATE Month	
DECEASED (Type or print)	Ma	ry	Kathleen	HALES	DEATH	5 19 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
Male	White	WIDOWED	DIVORCED	4-6-66	γrs.	9 30
10o. USUAL OCCUPATIO	N (Give kind of work done		ND OF BUSINESS OR IDUSTRY	11. BIRTHPLACE (County	& Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Dependen		IIV	none		re, Maryland	U.S.A.
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	
Joseph G	ratt Hales,	Jr.			lleen Buell	
15. WAS DECEASED EV	(If yes give war or dotes			INFORMANT	Addre	
no	(II fes give war er de tes	01 301 1100)	none Ros	sewood Recor	ds, Owings Mil	
	DEATH (Enter only one co	use per line for	(o), (b), ond/(c).)	9		INTERVAL BETWE NE
	ATH WAS CAUSED BY: IMMEDIATE CAUSE	(o) 745	sirateonal	Tuchman	_	ZYNOWY
34/.	001	E TO	1 0 11	./.		8man H
Conditions, if on	te couse (n)	(b) Law	ebral Atv	~ phy		o won the
stating the und		E TO	1/	D. X		9 hoult
lost.	, , , , , , , , , , , , , , , , , , ,	(c) A4	avoce that	us U		Lio was autopsy
PART II. OTHER S	SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NOTION GIVEN IN PART 1(a)	19. WAS AUJOPSY
8					NOTITOR STEEN IN TAKE 1(0)	PERFORMED?
CATION						PERFORMED? YES NO
20o. ACCIDENT W	AS UNDERLYING	20b. DE	SCRIBE HOW INJURY OCCURRED.			PERFORMED?
CELLIE 200. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)			(Enter noture of injury in	Port 1 or Port 11 of item 18.)	PERFORMED?
200. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	G CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Month, Doy, Yeor	20d. II	NJURY OCCURRED 20e. PLA	(Enter noture of injury in	Port 1 or Port 11 of item 18.) m, 20f. (City or town)	PERFORMED?
200. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF IN Hour of	G CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Month, Doy, Yeor .m. 19	20d. II While of wor	NJURY OCCURRED 20e. PLA Not While fact	(Enter noture of injury in CCE OF INJURY (Home, forn tory, street, office bldg., etc.	Port I or Port II of item 18.) n, 20f. (City or town)	PERFORMED? YES NO (County) (Stote)
200. ACCIDENT WORK CONTRIBUTION (IF EITHER, NOTH Hour o	G CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Month, Doy, Yeorm. 19 tify that () (this	20d. II While of wor	NJURY OCCURRED 20e. PLA Not While fact to twork ded the deceased from	(Enter noture of injury in ICE OF INJURY (Home, forn tory, street, office bldg., etc.	Port I or Port II of item 18.) n, 20f. (City or town) 19.66, ta 2–5	(County) (Stote)
200. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF Hour of the Hour of the Saw, 1/1e)	G □ CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Month, Doy, Yeor .m. 19 tify that (3) (this deceased Nive of	20d. II While of wor	NJURY OCCURRED 20e. PLA Not While fact to twork ded the deceased from	(Enter noture of injury in ICE OF INJURY (Home, forn tory, street, office bldg., etc.	Port I or Port II of item 18.) n, 20f. (City or town) 19.66, ta 2–5	(County) (State) , 19_67, that (*) (we) land an the date stated abave
200. ACCIDENT WORK CONTRIBUTION (IF EITHER, NOTH Hour o	G □ CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Month, Doy, Yeor .m. 19 tify that (3) (this deceased Nive of	20d. II While of wor	NJURY OCCURRED k of While of work ded the deceased from and tha	(Enter noture of injury in ICE OF INJURY (Home, forn tory, street, office bldg., etc. 12-30 It death occurred al	Port 1 or Port 11 of item 18.) n, 20f. (City or town) 19 66 , ta 2-5 11:30 Mp frame (auses	PERFORMED?
200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF IN Hour of Saw, the case of the case	G CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Month, Doy, Yeor .m. 19 hify that (3) (this deceased Nive or E	20d. II While of wor	NJURY OCCURRED 20e. PLA Not While fact to twork ded the deceased from	(Enter noture of injury in CE OF INJURY (Home, forn tory, street, office bldg., etc. 12-30 It death occurred at ATTENDING PHYS.	Port I or Port II of item 18.) n, 20f. (City or town) 19.66, ta 2-5 11:30 Mp from causes	(County) (State) , 19_67, that (*) (we) loand an the date stated abave
200. ACCIDENT WORK CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF IN Hour of Post of the Saw, the Carry of the	G CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Month, Doy, Yeor .m. 19 hify that (3) (this deceased live on E	20d. II While of wor	NJURY OCCURRED Not While of work ded the deceased from 1967, and tha	(Enter noture of injury in ICE OF INJURY (Home, forn tory, street, office bldg., etc.) 12–30 It death occurred all the physical prices of the physical physical prices of the physical physical prices of the physical physica	Port I or Port II of item 18.) n, 20f. (City or town) 19.66, ta 2-5 11:30 Mp frame causes MED. STAFF PHYS.	(County) (State) , 19_67, that (*) (we) land an the date stated abave
200. ACCIDENT WORK ON ROUTH ON CONTRIBUTING (IF EITHER, NOTIF OF IN Hour of STORY, 120. TIME OF IN HOUR OF THE STORY, 120. STO	G CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Month, Doy, Yeor .m. 19 tify that (X) (this deceased dive on	20d. II While of twor	NJURY OCCURRED Not While of work of the deceased from 1967, and that the deceased from M.	(Enter noture of injury in ICE OF INJURY (Home, forn tory, street, office bldg., etc.) 12–30 It death occurred at ATTENDING PHYS. 21d. ADDRESS	Port I or Port II of item 18.) n, 20f. (City or town) 19.66, ta 2-5 11:30 Mp from causes MED. STAFF DIRECTOR STAFF PHYS. C	(County) (Stote) (County) (Stote) (Stote) 22b DASSIGNED 6 7
200. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIF) 200. TIME OF IN Hour of P 21. I celt saw, the feather sa	G CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Month, Doy, Yeor .m. 19 tify that () (this deceased dive on E	20d. II While of two for two for two for the formal hereof	NJURY OCCURRED Not While of work of w	(Enter noture of injury in ICE OF INJURY (Home, forn tory, street, office bldg., etc.) 12–30 It death occurred at ATTENDING PHYS. 27d. ADDRESS CREMATORY	Port I or Port II of item 18.) n, 20f. (City or town) 19.66, ta 2-5 11:30 Mp from causes MED. STAFF DIRECTOR PHYS. C	(County) (Stote) (County) (Stote) (County) (Stote)
200. ACCIDENT WORK ON CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF IN Hour of Start of the Control of the Cont	CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Month, Doy, Yeor .m. 19 hify that (3) (this deceased dive on E ION, 23b. DATE Tr (7) 2/10	20d. II While of two for two for two for the formal hereof	NJURY OCCURRED Not While of work of the deceased from 1967, and that the deceased from M.	(Enter noture of injury in ICE OF INJURY (Home, form tory, street, office bldg., etc.) 12–30 It death occurred at ATTENDING PHYS. 22d. ADDRESS CREMATORY metery	Port I or Port II of item 18.) n, 20f. (City or town) 19.66, ta 2-5 11:30 Mp from causes MED. STAFF DIRECTOR PHYS. C 23d. LOCATION (City or Town) Owings Mi	(County) (Stote) (County) (Stote) (County) (Stote)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and completely filled in by the funeral director, page 3 shauld be detached for use os the buriol-tronst permit. Then please remove corbon papers. Pages 1 and should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after deat

> VR A15 (4) 20 M 1/66



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4. be retained by the hospital or attending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 15M 7/61

a	1222	OF STATISTICA	AL RESE	CERTIFICA		DEAT	ON STREE H	T, BALI	IMORE	1, MAR Ω1	Q1Q
1 07 %	LOCO DEATH	~			II o Trottw	I BEGIDES	COP (MAN)	annual live	d M lantination	UJ	ce bafore edmiss
	OUNTY				2. USUA		CE (Whale da		OUNTY	on: Kesigens	te patore edmiss
	Balt	timore		MARYLAN		Md.			773	altin	nore C
	ITY OR TOWN (il write RURAL end	outside corporate tim	its,	c. LENGTH OF STAY IN	1b c. CITY	OR TOWN	(If outside corp	orate limits,			
	ral - H		Ltv			Rurs	al - B	altin	nore	City	-03
d. N	NAME OF HOSPITA	AL OR INSTITUTION	if not in ho	spital, give street address)	d. STR	ET ADDRESS					a. IS RESIDEN
	2516	Anders	Road			2516	Ande	rs Ro	ad		YES NO
	ME OF CEASED	First		Middle	La	si	4. DATE	٨	Nonth	Day	Year
	oe or print)	ARTHU	JR	CHARLES	HALLA	M	DEATH	Fet	. 14		1967
5. SEX		6. COLOR OR RACE	7. MARRIE	ED X NEVER MARRIED	B. DATE OF	IRTH	9.	. AGE (In y	ears IF UND		IF UNDER 24 HI
	M	W	WIDOWE		4/20/	1890		76 y	111011111	s Days	Hours Mir
10a. U	SUAL OCCUPATION	ON (Give kind of working life, even if retire	k 105. K	CIND OF BUSINESS OR INDU	JSTRY 11. BIRTH	PLACE (Cour	nty & Stata, or	foreign cou	ntry) 12.	CITIZEN O	F WHAT COUNT
gons g	Cleric			ost office	Oho		D.				
13. FA	THER'S NAME	Jaj		USE OTTICE	14. MOTH	Ster ER'S MAIDEN	NAME				10000
	Atlar	ntis Hall	am		D.	ala - 7	m1				
15. WA	AS DECEASED EVE	R IN U.S. ARMED FOI		SOCIAL SECURITY NO. 1	7. INFORMAN	Chael	Thom	pson	drass	-	
	o, or unkown) (If)	yesgiva war or dafesof: WW T	ervica)		Man A	0 1		0.53.6			
			ZI	6 32 6272 line for (e), (b), and (c).	Mrs. A.	C. E	Iallam	2516	And	ers	ROAD BETWEEN
		WAS CAUSED BY:	cause por								SET AND DEATH
		MMEDIATE CAUSE (a)		un -	î	-					
	4761	DUE TO		X/obl	2-00	· Van	3040				
	nditions, if any, varisato immedia			AIVIPA	Oro	4 1			A 1		
), stating the un	DIJE TO	(0)	Van en a Ve	melia	1/2	111	las	-1)1	1	
car	use last.	J (c)	U	agrossia	10 400	- 00	- Cu	Jen .	V		
NO O	PART II. OTHER	SIGNIFICANT COND	TIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED T	O THE TERMI	NAL DISEASE	CONDITION	GIVEN IN F	ART 1(a) 1	 WAS AUTOP PERFORMED
CERTIFICATION 305										1	YES NO
208		S UNDERLYING	20b. DES	SCRIBE HOW INJURY OCCL	IRED. (Enfar natur	a of injury in	Pert I or Part II	of item 18.)		
GE (IE	EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER									
¥ 20	c. TIME OF INJUR	Y Month, Day, Ye	ar 20d.	INJURY OCCURRED 20a.	PLACE OF INJUR			or town)		County)	(Stata)
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		ON, 23b. DATE THE	REOF	23c. NAME OF CEMETE	RY OR CREMAT	9kY	23d. LOC	ATION (Cit	, town or co	ounty)	(state)
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 01824 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Res o. COUNTY BALTIMORE MARYLAND papers. Poges 1 hin 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) FORT HOWARD 40 DAYS BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1626 ASHBURTON STREET VETERANS ADMINISTRATION HOSPITAL YES T NO X 3. NAME OF . K 4. DATE First Lost Month DECEASED 2/13/67 HARDING burial, cremotion, or removal, and in any event, (Type or print) EVERBULE 19 DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 7. MARRIFD NEVER MARRIED last_birthday) 4/24/05 WIDOWED NEGRO DIVORCED VA 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. LABORER JETERSVILLE, VA. BLACKSTONE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EVEREIT HARDING MARIA WOODSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 719 18 07 79 CLIN. RECORDS, VA HOSP. FT HOWARD, MD. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-tronsit STATUS ASTHMATICUS PART I. DEATH WAS CAUSED BY: HINDON YAYO IMMEDIATE CAUSE (o) HOME MIKO PNEUMONIA UNDETERMINED ORGANISM, BILATERAL Conditions, if ony, which gove UNKNOWN rise to immediate couse (o), DUE TO stoting the underlying couse os the prior to l certificate has been CHRONIC OBSTRUCTIVE BRONCHITIS UNKNOWN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) ARTERIOSCIEROTIC HEART DISEASE, REMOTE MYOCARDIAL INFARCTION; 19. WAS AUTOPS) ed for use PERFORMED? HYPOFUNCTION SEC TO THERAPY

[20b. DESCRIBE HOW INDERY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) NO SCOTT OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER Dept. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office blda., etc. be de State After ot work H 21. I certify that (14 (this haspital) attended the deceased fram to should with the saw the deceased alive an 2/13 12:550m couses and on the date stated above. 167 and that death accurred at_ DIRECTOR: 22o. SIGNATURE 22b. DATE SIGNED 2/15/67 DIRECTOR director, page should be filed 22c. PHYSICIAN'S TO FUNERAL SHIPPED NEILON NEILSON, M. D. HOWARD, MARYLAND 23o. BURIAL, CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE WILSON FUNERAL HOME 0: Cupylon ORLEANS ST. BALTIVORE

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Page 4 may be retained by the hospital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

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1. PLACE OF DEATH o. COUNTY			CERTITIO		USUAL RESIDENCE (b. cou		nce befor	e odmission	n)
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	TAL OR INSTITUTION (If na alifornia		give street oddress)		STREET ADDRESS 3042 Cal	iforr	nia Ave	•		e. IS RESIDI ON A FAI YES	
3. NAME OF DECEASED (Type or print)		ist SELL	Middle FRANKLIN	НА	RE Lost	4. DATE OF DEATH	Feb.		Doy	19	67
s. SEX male	6. COLOR OR RACE white	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		DATE OF BIRTH 1/1/1913	9	. AGE (In years lost birthdoy) 53 yrs.	IF UNDER Months	1 YEAR Doys	Hours	24 HRS. Min.
10o. USUAL OCCUPATIO during most of working Shippine 13. FATHER'S NAME		301t 8	IND OF BUSINESS OR IDUSTRY Nut Co.		Millers Mother's Maiden unkno	Stat:		1 ((ITIZEN OI DUNTRY?		
	(ER IN U.S. ARMED FORCES? (If yes give wor or dotes)	of service)	social security no. -12-5616	Vir	ormant ginia Mi	nor H	Addr Hare, w		ab	ove	
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Conditions, if on rise to immedia stating the und	y, which gove)	(b) M	iteal + a	Ti	Tien	suf	fice	ncy	4	er	~ ~
PART II. OTHER S	SIGNIFICANT CONDITIONS (ONTRIBUTING	TO DEATH BUT NOT RELATED	TO THE	TERMINAL DISEASE CO	NDITION GIVE	N IN PART I(o)		19.	WAS AUTO PERFORME	

YES NO /

200. ACCIDENT WAS UNDERLYING AUSE OF DEATH 2005. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20d. INJURY OCCURRED Not While ot work

Bacon

20e. PLACE OF INJURY (Home, form foctory, street, office bldg., etc.)

that death accurred

(City or town)

fram causes and

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the date stated above

21. I certify that (1) (this haspital saw the deceased alive an

Hour o.m.

TIME OF INJURY Month, Doy, Yeor

Dr.

ATTENDING PHYS. 22d. ADDRESS

MED. DIRECTOR STAFF PHYS. 22b. DATE SIGNED

22c. PHYSICIAN'S NAME (Type) 30. BURIAL, CREMATION, REMOVAL (Specify)

22o. SIGNATURE

23b. DATE THEREOF 2/27/67

19

23c. NAME OF CEMETERY OR CREMATORY Moreland Mem. Park 23d. LOCATION (City or Town) Baltimore,

(County) (Stote) Md.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phy

CERTIFICAT

MEDICAL

Inc. Funeral Home, Brehms Lane

250. REC'D BY REGISTRAR PEB 2 8 1967

2810 Taylor Ave.

REGISTRAR'S SIGNATURE

VR A15 (4) 20 M 1/66

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remayer-carbon papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar to burial, cremation, or remaval, and in any event, within 72 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1. PLACE OF DEATH o. COUNTY B	altimore		MARYLAND	2. USUAL RESI	DENCE (WH	ere deceased	l lived. If instituti b. COUNTY	-	nce befo	re admis	sion)
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Garrison				Rei	sters	town			0	3-1	
d. NAME OF HOSP. OF INSTITUTION Foxleigh N	address)	d. STREET / 21 W.		worth					FARM?		
3. NAME OF DECEASED (Type or print)	Fin Bess		Middle Norris	Harv		4. DATE OF DEATH	Februa		28		Year 19 67
5. SEX Female	6. COLOR OR RACE White	7. MARR	NEVER MARRIED DIVORCED	B. DATE OF BIRT	н 1880		9. AGE (In years last birthday) 86 yrs.	IF UNDE Months	R 1 YEAR Doys	IF UND Haurs	ER 24 HRS. Min.
10a. USUAL OCCUPATI	ION (Give kind of work rking life, even if retired	dane 10b.	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHP	LACE (State	or fareign ca	untry)	12. CI	TIZEN C	F WHAT	COUNTRY
Housewif				Bal	to. C:	ity			US.	A	
13. FATHER'S NAME				14. MOTHER'S	MAIDEN N	IAME		4 1			
Nichol	as D. Norri	.5			Ida :	Stocks	dale				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT			Add	ress			
No	(11 yes, give wor or collector)		20-30-7014 Mi	ss. Eliz	abeth	N. Ha	rvev R	eiste	erst	own.	Md.
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OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY OCCURRI	ED. (Enter nature o	if injury in F	Part I ar Part	II of item 18.)				
20c. TIME OF INJU Havr a. m. p. m.	RY Manth, Day, Yes	or 20d, It While at wark	_ Not white fo	LACE OF INJURY (actory, street, office	Hame, farm e bldg., etc.	20f. (City	or tawn)		(County)		(State)
21. I certify t	hat I attended the	decease	ed from aug	194	2. to_ [-US 2	8 196	2.that I	last so	w the	deceased
alive on	Tall 26	. 19 /	27_, and that death	occurred at	RA	M. from	the causes a				
	3	01	200				eet, city ar town,		. 4		ATE SIGNED
ACTUAL SIGNATURE	alma M	W	Mean	M.D. LINS	on 1	Q.	Bury	8 N	nell	1. 1	nd
PHYSICIAN'S NAME (Type)	AIMER.	F.	· WILLIAM	8					2	128	167
220. BURIAL, CREMATIC REMOVAL (Specify)F	22c. NAME OF CEMETERY C	OR CREMATORY		22d. LOCAT	ION (City, town, o			(Stat	e)
Burial	3/2/67		Green Mount			Ba	ltimore	1	vid.		
23. FUNERAL DIRECTOR			ADDRESS		24a. REC'[BY REGISTI	RAR 24b. REGIS	TRAR'S SI	GNATU	RE	
J. F. Elin	ie & Sons I	elst	erstown, Md.		DATE	MAR 3	1967	geli	arle	y Ju	del

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01827 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. COUNTY o STATE b. COUNTY Paltimore Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give neorest town) write RURAL and give nearest town) Monkton Conston d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? arroll and Monkton Rds. arroll and Monkton Rds. YES X NO T 3. NAME OF Middle DATE Month. First Dov Year OF DEATH DECEASED 19 earce (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In veors 7 MARRIED NEVER MARRIED last birthdoy) Months Dovs Hours August 6. 1886 WIDOWED DIVORCED t-emale 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY 35A during most of working life, even if retired) INDUSTRY Maruland Paiden ladu Home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Henry Harvey aura l'earce 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dotes of service) Family rewards one Vone INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (I) (this haspital) attended the deceased fram M, fram causes and an the date stated above. saw the deceased alive an 196 and that death accurred at/2 22o. SIGNATURE 226. DATE SIGNED STAFF M.D. PHYS. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 119 0 N 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION DATE THEREOF (County) (Stote) 230 REMOVAL (Specify) 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

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OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. puo funera L ond von popers. Poges I within 72 hours after by the t Poges = filled corbon completely ave physician 0 remova ottending p permit. 0 cremotion, the buriol-transit by physicion. signed l buriol os the peen O HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 may be retained by the hospital or ottending has use Stote Dept. of Heolth this certificate far detached After pe director, page 3 should should be filed with the DIRECTOR: TO FUNERAL

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Residence before admission) 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: a. COUNTY Baltimore a. STATE Lana MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS DN A FARM? reenspring Drive NO. reenspring YES DATE Year 3. NAME DE First 4. Month Middle DECEASED LaRue (Type or print) Havens DEATH еблиали AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. CDLOR DR RACE 8. DATE OF BIRTH 7. MARRIED X NEVER MARRIED last birthday) Months Days Hours lale WIDOWED DIVORCED ept. 12. CITIZEN OF WHAT 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? INDUSTRY Sel New York relder- retired 13. FATHER'S NAME MOTHER'S MAIDEN NAME Helen Humphrei lames Havens 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) Vone -amilu records INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which rise to immediate DUE TO cause (a), stating underlying cause last. (c) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATI NO 🔽 YES 2Da. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) (State) 2Dc. TIME DF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work 19 at work p.m. 21. I certify that (1) (this hospital) attended the deceased from \(\) that (I) Iwe) last

saw-the deceased alive on and that death occurred and M. from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE STAFF ATTENDING MED. DIRECTOR PHYS. PHYS. PHYSICIAN'S 22d. ADDRESS 22c. NAME (Type) 23c. NAME DF CEMETERY OR CREMATORY (State) 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION. REMOVAL (Specify) Grace-F Road Varuland OCREUSVL REGISTRAR'S SIGNATURE ADDRESS REC'D BY REGISTRAR 25b. **FUNERAL DIRECTOR** Durns Jons. lowson.

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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in Any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01824

	1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	a. COUNTY 13 PITOMORE MARYLAND	a. STATE MARY AND B. COUNTY HOWARD
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	write RURAL and give nearest town)	EllisoTT City 13-2
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS / e. IS RESIDENCE
6	Shady Nock NURSING HomE.	382 ChapEl VIEW Rd YES NO D
	3. NAME DF First Middle	Last 4. DATE Month Day Year
	(Type or print) FRANCES CH	1945 DEATH FEB 14 19/17
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. /DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last bjrthday) Months Days Hours Min.
И	FEMALE WHITE WIDOWED DIVORCED	Nov 12-1882 84 yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	RETIRED SchooltEACHER	PENNA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	UNKNOWN	UNKNOWN
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT 382ChAPEI VIEW RO
	No 266-76-3862 F	RANCIS HOSKIN FILICOTT EITY, MY
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) EAVEDIAC A	RREST
	1/0X DUE TO	
9	Conditions, If any, which (b) EAREINON	IATOSIS IYR
	gave rise to immediate cause (a), stating the DUE TO	- BREAST 5 YR
	underlying cause last. (c) CARCINOMA	
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	PERFORMED?
4	FICA	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	Mule Mot Apple	ory, street, office bldg., etc.)
		9-3 19/de to 2-14 1967 that (1) (we) last
H	21. I certify that (I) (this hospital) attended the deceased from saw me deceased alive on 1967, and the	it death occurred at 1281 M, from the causes and on the date stated above.
H	22a. VIGN TURE	22b. DATE SIGNED
Н	I te Vittoole M.	D. ATTENDING MED. DIRECTOR PHYS. 2 - 16-67-
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
	NAME (Type)	
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
	PURIA! 2-18-6/ GREEN 1+1	11 CEM NORNSTOWN, OHIO
	24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	JETH WEST WARRY TON THE	4 And DATE FFR 17 1987 Cleanles Judy

VR A15 (4) 1/65 10820

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01830

CERTIFICATE OF DEATH

01825

		PLACE OF DEATH					2. USUAL RESIDENCE (Where dec	eosed lived, if institut b. COU		ce before	odmissio	on)	
	C	o. COUNTY Balt	imore		MARYLA	ND	o. STATE Mary]	land			Ca	140.	V	
	b	. CITY OR TOWN (I	f outside corporate limit give nearest town)	S,	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give near					town)	E	
		Owir	gs Mills		10 months	10 months		more	21215		-0	=-/		
ď	d		AL OR INSTITUTION (If no	ot in hospital,	give street oddress)		d. STREET ADDRESS				6	ON A F		
9		Rose	wood State	Hospi	tal		7004	Boxw	rood Road		١	ES		
		NAME OF DECEASED	Fi	rst	Middle		Lost	4. DAT	_	th	Doy	Ye		
d	(Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED						HERTZBERG	DEA		Liftman	6			
							B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER Months	Days	Hours	Min.	
		Male	White	WIDOWED			11-27-55		11 yrs.					
		USUAL OCCUPATION ng most of working	(Give kind of work done		KIND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (County	& Stote, o	r foreign country)		TIZEN OF UNTRY?			
		Dependent			none		Baltimore	e, Ma	ryland		OIT IKT 1	U.S.	A	
Z	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME						
		Irving He	ertzberg				Esther Te	enenb	aum				7.	
	15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	. SOCIAL SECURITY NO.	17. 1	NFORMANT	la T	Addr	ess				
	(Tes	no, or unknown)	(If yes give wor or dotes	or service)	none	I	Rosewood Red	cords	. Owings	Mills	. Ma	ryla	nd	
4		IB. CAUSE OF DE	ATH (Enter only one cou	use per line fo							INTE	RVAL BET	WEEN	
		PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE	(0) 5	higello	sin				700	ONS	ET AND [PEATH	
1		045.6			J Shig	ella	Flexner	i Con	auys IB					
7		(conditions, if ony, which gove) (b) Tropound mental Rotandation												
		rise to immediate couse (o). stating the underlying couse DUE TO												
		lost. (c) mongolism												
	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?									OPSY ED2			
5	CATIO	? Progerio ? YES NO V												
	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING \(\subseteq \) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING \(\subseteq \) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)												
	MEDICAL	20c. TIME OF INJU	IRY Month, Doy, Yeor				CE OF INJURY (Home, farr		f. (City or town)	(Co	unty)		(Stote)	
×	W	P. F	10	While of wo	e Not While ork of work	1001	ory, street, office blog., etc.	'				134		
	ı	21. I certify that (\$\mathbb{K}\$ (this haspital) attended the deceased from 3-24, 19-66, ta 2-6, 19-67, that (\$\mathbb{K}\$ (we) last												
		saw the d	eceased alive an	2-	6 19 <u>67</u> , an	id tha	t death accurred at	8:5	4 Mafrom causes				d abave.	
		220. SIGNATURE	AV)	0	4).		ATTENDING -	MED.	STAFF	41	ATE SIGN			
				solry)	Treine-	M.I	D. PHYS.	DIRECTO			2-6-	67		
1		22c. PHYSICIAN'S NAME (Type		y Gree	ene, M.D.		Rosewood	d St.	. Hosp., O	wings	Mil	ls,	Md.	
	230	BURIAL, CREMATIC REMOVAL (Specify	1 12/2/1	7	23c. NAME OF CEMETE	RY OR	CREMATORY	23d.	LOCATION (City or To	wn)	(County)	W (3	(ote)	
0	24	FUNERAL DIRECTO	- 1114	/	ADDRESS	10	250. REC	D BY REG	000	EGISTRAR'S	IGNATUR	E	-	
4	5	selvan	5 Louis	5	Vara Genrie	24.	DATE	FEE		73,450 (ianl		udge	
	0	1	- i John Co	Ame of	100	2000	1 1111 I MILE					-0	-0-	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending any sician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. There please remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 20 M 1/66

	AT A PER A DESCRIPTION OF THE STREET	CHEATH ON DESIGN	
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	committee of Australia	2w3.5p	pi lognici boolena.
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	Paul Amand Start		
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS PRESTON STREET, BALTIMORE, MARYLAND 21201 16/6

e. IS RESIDENCE ON A FARM?

YES NO

Year

IF UNDER 24 HRS

Haurs

WAS AUTOPSY PERFORMED?

NO

(Stote)

61

01831 CERTIFICATE OF DEATH after deof PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. STATE b. COUNTY MARYLAND Ma ryland Baltimore b. CITY OR TOWN (If autside carporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b popers. Pogr hin 72 hours o write RURAL and give nearest town) YEAVS Towson d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address within 72 } Glenarm Road Glenarm Road 3. NAME OF First Middle Lost 4. DATE Month corban Dov DECEASED OF Sister Mary Eustelle event, Hess DEATH February S. SEX AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH remove lost birthdoy) Manths Days Female and in any WIDOWED DIVORCED July 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) GOUNTRY? INDUSTRY Ba Itimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME movol en John Hess Mary Ann Fisher 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give wor or dotes of service) 70 no 217-511-9781 cremotion CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-transit ONSET AND DEATH IMMEDIATE CAUSE (o) buriol, Canditians, if any, which gave rise ta immediate couse (a), DUE TO stoting the underlying cause os the lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Health 1 CERTIFICATION 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) detached for the Dept. of F OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar town) (County) Hour a.m. foctory, street, affice bldg., etc.) Nat While Stote ot wark pe 196/, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram filed with the and that death accurred at 653 saw the deceased alive an 3 D M, fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED STAFF M.D. PHYS PHYS directar, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 9 St Par 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Caunty) REMOVAL (Specify) Glen Sister Cemetery Maryland Buria 20-1960 250. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

817 Scarlett

Towson, Maryla

8

within 24 hours after deoth Uneral by the to Poges .⊆ filled completely OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed puo physicion the þ physicion. signed be retained by the hospitol or ottending peen hos this certificate After O FUNERAL DIRECTOR: TO HOSPITAL (Poge 4 moy b

VR A15 (4) 20 M 1/66

Raymond

J. Curran

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE	018	32	MEDI	CAL EXAMINER'S	CERTIFICATE	OF DEATH	01827	
HEALTH DEPT.	o. COUNTY	BALTO.		MARYLAND	o. STATE	(Where deceosed lived, if institution b. COU		
ry delay is c, and 3 to PM3. Page artment of	write RU	TOWN (If outside corporate limi RAL and give nearest town)	ts,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	autside carparate limits, write RU		
es 1, 2, farm P farm P te Depare	d. NAME OF	HOSPITAL OR INSTITUTION (If n			d. STREET ADDRESS			IS RESIDEN
Pag Pag with	3. NAME OF DECEASED	110	irst	Middle	Lost	4. DATE Mon OF DEATH FEB	th Doy	Year 19 6
after of Sive along with the	S. SEX	6. COLOR OR RACE	1	NEVER MARRIED DIVORCED	8. DATE OF BIRTH SEPT. 5,	9. AGE (In years	IF UNDER 1 YEAR IF	F UNDER 2
thaurs of them 18 Office a Coffice a Tand 2 wer death.	10o. USUAL OCCI during most of v	UPATION (Give kind of work dane working life, even if retired)	10b. KIN	D OF BUSINESS OR USTRY	11. BIRTHPLACE (Sto	1906 60 yrs. te or foreign country)	12. CITIZEN OF W COUNTRY? USA	/HAT
within 24 h pencil in Ite xamifers 0 ile pages 1a haurs after	13. FATHER'S N				14. MOTHER'S MAIDEN		5	
7 - 2	1S. WAS DECEA (Yes, no, ar unk	RLES IHICA SED EVER IN U.S. ARMED FORCES? Inawn) (If yes give wor ar dates	16. S		MARTI	Addr	ess	
shauld be executed ne word "pending" in a the Chief Medical E. burial-transit permit. F any event within 72.		E OF DEATH (Enter only one co I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	use per line for (18-05-3755 A g), (b), ond (c),) 7-5-C-V-	DISERS	CRMAN		VAL BETWI
wa wa the rrial-		, if any, which gave	(b)					
ificate ting the street tracked tracke	stating the	e underlying couse	(c)					115 11700
for the se	CATION	THER SIGNIFICANT CONDITIONS	270					AS AUTOP: ERFORMED NO
T iji i		RNAL CAUSE WAS or Contributing death.		//	n	n Port I or Port II af item 18.)		
EXAMINER: ute the cert age 4 shaul your files. Page 3 shau		OF INJURY Month, Doy, Year laur a.m. p.m. 19	20d. IN: While ot work	Not While fo	ACE-OF INJURY (Home, fo ctory, street, office bldg., et		(Caunty)	(Sto
MCAL EXPECT. Se executor. Page for year for year for year bourial, or bourial, or bourial, or burial, or buria		certify that I took charge resulted fram: Natur			eld on Autopsy 🔲			n my of
Med pleas I dire retair	ACTUAL SIGNATUR	E M3	sav	W	M.D. ASSISTANT M	AL EXAMINER EDICAL EXAMINER	222.	DATE SI
DEPUTY Necessary, plue funeral compay be re FUNERAL E	EXAMINES NAME (Ty	pe) /11-19. Di			URNIA Med 15th	ICAL EXAMINER County L	when -	13/6
necenthe the S m S m FIO FIU	23o. BURIAL, CI REMOVAL	(Spariful)	IEREOF	23c. NAME OF CEMETERY OF		23d. LOCATION (City or To	(County)	(Stot

ond in my opinion

e. IS RESIDENCE ON A FARM?

IF UNDER 24 HRS

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? YES

NO

NO Z Year 1967

HEART

(County) (Stote)

23o. BURIAL, CREMATION REMOVAL (Specify)

BUR 17

24. FUNERAL DIRECTOR

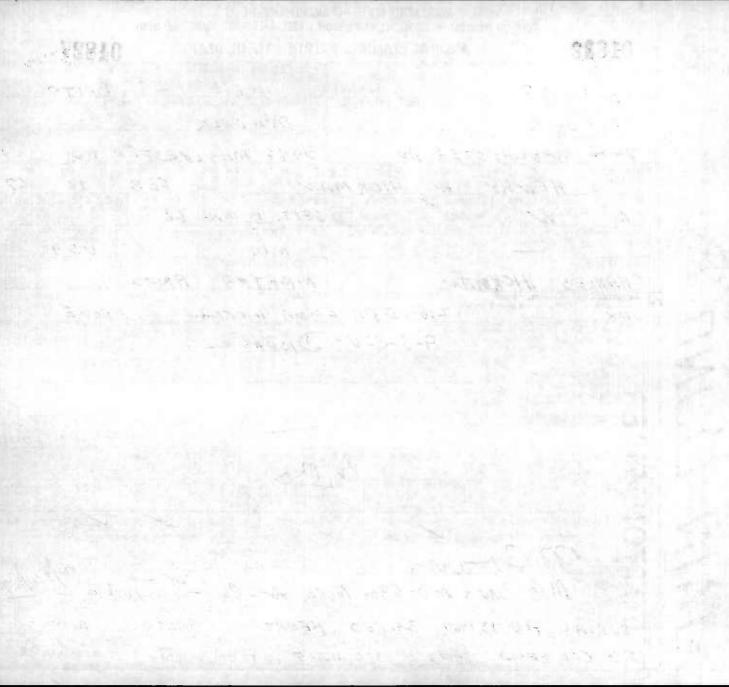
J. G. CONNELLY

300 MACE

2So. REC'D BY REGISTRAR DATEFEB

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VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fameral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior ta burial, crematian, or removal, and in any eyent, within 72 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

	01833	CERTIFICATE OF DEATH	01828
1.	o. COUNTY RALL, mare	O. STATE A	/here deceosed lived, if institution: Residence before odmission)
	b. CITY OR TOWN (If outside corporate limits, write RUTAL only give, nearest town)	c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If out	skie corporate firmits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL OF INSTITUTION (If not in reafer 13A) timore	M 111 1 11 11 11 11 11 11 11 11 11 11 11	Forestview Ave e. IS RESIDENCE ON A FARM?
	NAME OF DECEASED (Type or print) Frecheric First SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED N 8. DATE OF BIRTH	4. DATE OF Month Doy Year OF DEATH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	10 -	/IDOWED DIVORCED 1-10-18	Ast birthday) Yrs. 12. CITIZEN OF WHAT
1	uring mest of working life, even if retired) - 4 Therm Min Ni Ster 3. FATHER'S NAME	Church Burkitts 14. MOTHER'S MAIDEN N.	ville, m.D. LUSA
	MATHIN JUSTINES S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknoyyn) (III yes give wor or dotes of sen	16. SOCIAL SECURITY NO. 17. INFORMANT	I loretta Arnold
	IB. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	r line for (o), (b), and (c).) Cardio mlumany of aspiration preumin	ZE Tasper Narluth Lives INTERVAL BETWEEN ONSET AND DEATH IS of warden
VIION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONC	DITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION		20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in P	
MEDICAL	p.m. 17	20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	
	21. I certify that (I) (this haspital saw the deceased alive an 220. SIGNATURE		(1) (we) last pM, fram causes and an the date stated abave
	22c. PHYSICIAN'S NAME (Type) MARIO	M.D. PHYS.	MED. STAFF DIRECTOR PHYS. 2-11-67 GBMC
23	30. BURIAL (REMATION, PEMOVAL (Specify) 2-15-196	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (Stote) Baltimore, Co. Md.
) 70	24. FUNERAL DIRECTOR	ADDRESS 24 250. REC'D	BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Judge FB 1 7 1967

\$ 5 E THE STATE WAS TO SEE THE SEE OF THE SEE Secretary to the second of the WELL CONTROL STRUCK STORY TO LOCK A LESS DEPOSITORS OF THE STATE OF THE STRUCK STRUCK STORY OF THE STATE OF T STATE OF THE STATE Comment of the second halanagan as blinds at 5271W aguation presentes of Experter 12 11 407 Par 1 Co Marin Started. 13-11-67 MARIO BYNES A.D. and the state of t

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	CERTIFICATE	OF DEATH	
ì	01834	Reg. Dist.	No. 01829
	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
	COUNTY PA 1 TIMOR & MARYLAND	STATE MARAJANA COUNTY /84/	//mone
i	CITY (If oulside corporate limits, write RURAL LENGTH OF STAY	CITY (It outside corporate limits, write RURAL and give naares	
	TOWN S DORRANDS PRINT (in this plece)	TOWN DEARRACUS POINT 19	1. 03-1
5	HOSPITAL OR INSTITUTION OR	STREET (If rurel give location)	-
	STREET ADDRESS 20 / 3 SMEE	807 55 mile	-1.
	3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month)	(Day) (Year)
	(Type or Print) PLNJamin	DEATHEORY	24 1967
	5. SEX 6. COLOR OF 7. SINGLE, MARRIED, B. DATE OF WIDOWED, DIVORCED,		YEAR IF UNDER 24 HR. Days Hours Min.
	(Specify) Married Wovening	2614, 1892 74 yrs. 3	8 0 0
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (Stete or foreign country) 12.	COUNTRY?
9	retired Steel WORKER STEEL PLANT	NORTH Canolina	W.5.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Joe Hill	Home Hill	,
ì	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, no, or unk.) (If Yas, give were or detes of service)	17. INFORMANT & ADDRESS	11. 1
3	NO 213-07-6541	ANNIE HILL 801	1. Street
7	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION	ONSET AND DEATH
	1/ 3 Y IMMEDIATE CAUSE (A) TREMMENTA		iday
	ANTECEDENT CAUSE(S) DUE TO		13 A-
	DISEASES OR CONDITIONS, IF ANY, (B)	486	Jed ya
	STATING UNDERLYING CAUSE LAST. DUE TO	- 1111-P	1 4n.
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		1
3.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES NO
		21c. WHERE DID INJURY OCCUR? (City or town) (County	
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?	
1	M, at work L et work	15 6 1 1 24 1 1 7	
3	22. I hereby certify that I attended the deceased from Slowers	- DP	ast saw the deceased
<	alive on All 19.6.1, and that death occurred at.	ADDRESS (Street, city, town, state)	above.
	Wille or chose we 14	10 Mak And Mus del Hon	2. 1 shield
0-1	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county)	(Synte)
200	REMOVAL (SPECIFY) 2-28-69 Arhatas 1	Yem. York Hirbertus	1411.
2	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		DDRESS
ı	DATE FEB 28 1967 Scharles Judge	Morton & Dyelt F. H 1701	LAURENS

CERTIFICATE OF DEATH USS TO MA MES MES To be seen a first transport of the second o MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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			(lasa)	
WHICH IT BY	don't			
	- 46.79.5			
SERVICE ENVIRONMENT CONTROL OF	Trans	District Co.		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phystran and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 hours ofter death. e executed within 24 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certif Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

01836

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

01831

	4211111111111	0. 02/1111		01001
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where	deceosed lived, if institution-	Residence before admission)
o. COUNTY BALTIMORE	MARYLAND	O. STATE MARY	b. COUNTY	Dolitimapp
b. CITY OR TOWN (If outside corporate limits,	LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	corporate limits, write RURAL	and give neorest town)
Write RURAL and give nearest (Wh)	3 da15	1913 0	hondon	1
NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give	street address	d. STREET ADDRESS	DE BUEEN	e. IS RESIDENCE
The Butter of Hospital Butter of Hospital, give	sileer oddress /	10,3 01	and t	ON A FARM?
REALER BANIMORE ME	LICALLENIER	1012 1710	erdeen 1	OACL YES NO X
NAME OF First, DECEASED	Middle		DATE Month	Doy Year
(Type or print) Zinek	11) 110	LONAI	DEATH 4	13 1967
SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
MIDOWED WIDOWED	DIVORCED	08-20-24	42 yrs.	Julius Duys Hours Milli.
USUAL OCCUPATION (Give kind of work done 10b. KIND (OF BUSINESS OR	11. BIRTHPLACE (County & Stote	e, ar foreign country)	12. CITIZEN OF WHAT
normat of working life over if catiredy R INDUS	IN TENEMAL	HARDAN CO	, Kv	COUNTRY?)SA
FATHER'S NAME	THE NITTO	14. MOTHER'S MAIDEN NAME	7,	001
Konost / Lipo / III	nita	(SAP)	AND	
WAS DICEASED EVER IN U.S. ARMED FORCES? 16. SOCI	AL SECURITY NO. 17. I	NEORMANT	Address	
s, no, or unknown) (If yes give wor or dotes of service)	The Second Hot	Dationit	-10 /1/	Ta
		THIEID	3 Chr	1 71
18. CAUSE OF DEATH (Enter only one couse per line for (o), PART I. DEATH WAS CAUSED BY:			1/2 201	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o)	EBBAL DUB	ARACHNOID	HEMORRHA	100
330/ DUE TO 7	-1-C) B	-001 Mis		2 340
Conditions, if ony, which gove rise to immediate couse (o),	गिर्द्धा । स	ECRY HNEUR	your of	3 VAYS
stoting the underlying couse DUE TO	PIRCLE OF	al alund		
lost. (c)	THECE OF	F WILLIS		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITIO	N GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
				YES NO
20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRI	BE HOW INJURY OCCURRED.	(Enter noture of injury in Port I	or Port II of item 18.)	7
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	Y OCCURRED 20e. PLAC	CE OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)
Hour o.m. While	Not While focts	ory, street, office bldg., etc.)	()	()
p.inc. Of Work —	J ot work	2-10 1967	0 13	10/2011 1/07 11
21. I certify that (I) (this haspital) attended		1 1	7, ta 2-13	, 1967, that (1) (we) last
saw the deceased alive an 2-13		death accorred at with		an the date stated above.
220. SIGNATURE Menni T. Voor	4	ATTENDING MED.	STAFF TTA	22b. DATE SIGNED
	M.D	111131 611111	TOR L PHYS.	2./3.0/
22c. PHYSICIAN'S NAME (Type) HENRI T. VOORST	'A A	22d. ADDRESS	MA	
			.11. 6	
BURIAL, CREMATION, 23b. DATE THEREOF 2 REMOVAL (Specify)	23c. NAME OF CEMETERY OR	CREMATORY . 2	3d. LOCATION (City or Town)	(County) (Stote)
2/11/6/	Salto- nath	Cemeters	Backen	ine md.
24 FUNERAL DIRECTOR	ADDRESS	2Sg REC'D BY R		RAR'S SIGNATURE
trates (an abil 1)	1 Andresolo	(lor DATEB 1	6 1967 xcc	carlly Yunia

01834 energit last life boat was 'Y Driver to the state of the stat Selection and the design of the contract of th A STATE OF THE PARTY OF THE PAR CELEGORE SUBARREHERD HEMISCHIRES Trustones Bearl Aneversons of CIRCLE OF WILLIS

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

| 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence by

		1	Y I
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	s stadud be defacted in use as the bordinary permit. Their please remote total globals regarded to the state of the relative total globals. Tight is the state has total globals and the state has total globals and the state has	מי איוון וויפ סומופ מפלוז: מו וופתווון לווסן ומי מסוומן, לופווות ווים ווים מון מיום וויים וויים איים מיום מיום מיום מיום מיום מיום מיום מ
TO HOSPITAL C Page 4 may bu	TO FUNERAL DI	charld he filed	all on piopils
,	/D A 3	E 11	

13	01837		CERTIFICATE	OF DEATH		01832
1.	PLACE OF DEATH a. COUNTY Baltim	are	MARYLAND	2. USUAL RESIDENCE (I	Where deceosed lived, if institution: I b. COUNTY	Residence before odmission)
	b. CITY OR TOWN (If outsid write RURAL and give no CC CCVS d. NAME OF HOSPITAL OR II	eorest town)	c. LENGTH OF STAY IN 16 + VFS · 10 Mo.	Frostbu	utside carparate limits, write RURAV o	
	Bonnie Blis		nic Home		hanic Street	ON A FARM?
	NAME OF DECEASED (Type or print)	anet /	Middle Hotch Kiss	Last	4. DATE Month OF DEATH Februar	Day Year 3 19 67
	P .	1 1			9. AGE (In years last birthday) Ma	UNDER I YEAR IF UNDER 24 HRS. Inths Days Hours Min.
	. USUAL OCCUPATION (Give k ing mast af warking lite, ever		10b. KIND OF BUSINESS OR INDUSTRY	Longcor	8 State, ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME Peter McF	grland		14. MOTHER'S MAIDEN I	NAME J	
	WAS DECEASED EVER IN U.S. es, na, ar unknawn) (If yes g		e)	Recods c	Address Md. Maso	nichomo Coekeyson
	18. CAUSE OF DEATH (Er PART I. DEATH WAS IV Conditions, if any, which rise to immediate cause stating the underlying clast.	CAUSED BY: AMEDIATE CAUSE (o) DUE TO gave (a), DUE TO	Problets Met	Actus Schoolse	y to Burn	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION			UTING TO DEATH BUT NOT RELATED TO 1			19. WAS AUTOPSY PERFORMED? YES NO
	20o. ACCIDENT WAS UNDER OR CONTRIBUTING ☐ CAUS (IF EITHER, NOTIFY MEDICAL	E OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature af injury in	Part I or Port II af item 1B.)	
MEDICAL	20c. TIME OF INJURY Mai Hour o.m. p.m.	nth, Day, Year 19		CE OF INJURY (Hame, farm ory, street, office bldg., etc.)		(Caunty) (State)
	21. I certify that saw the decease	111	attended the deceased fram 77	t death accurred at		, 19 <u>67,</u> that (I) (we) las an the date stated abave
	220. SIGNATURE	ms Hip	HAMED. M.	1777.01	MED. STAFF PHYS.	FEE 3, 1467
	22c. PHYSICIAN'S NAME (Type)	AMSHID	HAMED.	22d. ADDRESS PUASON	ac Home	
230	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF 2-6-67	23c. NAME OF CEMETERY OR Alleghany	emetery-1	23d. LOCATION (City or Town) 	(County) (Stote)
24	Wm Cook-Bro	ooks Tower	ADDRESS	2Sá. REC'I	BY REGISTRAR 25b. REGISTE	RAR'S SIGNATURE

\ ~ 4.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit period. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or emove, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OF THE CATE OF DEATH

	01838	CERTIFICAT	E OF DEATH		01833
1.	e. COUNTY		2. USUAL RESIDENCE (W	there deceased lived, If institution b. COUNTY	: Residence before admission)
	DALIIMOR	WIND LINE	111		PALIC
-	b CLAY OR TOWN (if outside corporate limits, yrite RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs	Ide corporate limits, write RUF	AL and give nearest town)
	d NAME OF HOSPITAL OR INSTITUTION (15	1 6 yrs	CARN	24	03-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not	in nospital, give street address)	d. STREET ADDRESS	- 1 mg	e. IS RESIDENCE ON A FARM?
_		spil be	1 7103 t	ITIL THE	YES NO NO
3.	NAME OF DECEASED (Type or print)	Middle Hr.a	dskyLast 4.	DATE Month	Day Year
	SEX 6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE on years I FUND	ER 1 YEAR IF UNDER 24 HRS
	M WIDO		Jan 5 1911	Hast birthday) Month	
12	a. USUAL OCCUPATION (Give kind of work done 10		11. BIRTHPLACE (County	& State, or foreign country) 12,	CITIZEN OF WHAT
ur	ring most of working life, even if retired)	Db. KIND OF BUSINESS OR INDUSTRY	Mary1and		COUNTRYS
3	FATHER'S NAME CIERK	TOWIT O O	1 14. MOTHER'S MAIDEN N	AME	19.11
	Frandk Hradsky		Anna Troc	h	
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? I	16. SOCIAL SECURITY NO. 17.	INFDRMANT	Address	
	es, no, or unkown) (If yes give war or dates of service)	213-01-0329	amily recor	ds	
1	18. CAUSE DF DEATH [Enter only one cause		amily recor	0.5	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	alente dulyer	men beleven		ONSET AND DEATH
	430/ DUE TO		7	1	
	Cenditions, if any, which \ (b)	anderio Cettral	unparted info	retion	Verestla
	gave rise to immediate (cause (a), stating the DUE TO				
	underlying cause last. (c)				
FICALION	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEA	SECONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
		Lithou me	llila		YES NO
CEAL	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCL	IRRED. (Enter nature of Inju	ry In Part I or Part II of Item	18.)
MEDICAL	Mana and	facto	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)	20f. (City or town) (County) (State)
	The state of the s	hile Not While at work			
	21. I certify that (I) (this hospital) att	ended the deceased from	1964,19	, to him, 19	, that (I) (we) last
	saw the deceased alive on 2/2	19.67, and that	t death occurred at 10 m	M, from the causes and o	
	22a. SIGNATURE AT LITTLE	M.E	ATTENDING MED.	STAFF -	DATE SIGNED
	22c. PHYSICIAN'S E. P. COF	FAY de	3/00 ST	PAUL ST	
232	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 2	3d. LOCATION (City, town or	county) (State)
	Burial 2/25/67	Holy Redeer		Balto Md	
24	FUNERAL DIRECTOR	ADDRESS	25a. REC'D B		AR'S SIGNATURE
(MAS T EVANSTION	XXOL HAR	IBROL MATEFR	7 1967 Ectia	rees Judge

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* * 1200000 A BUCK TOT LAND DESCRIPTION in broad y tests very a great of the contract of the street 778 1 2 2 2 2 2 2 2 2 2 2

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and In any event, within 72 hours affor death.

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 01839 CERTIFICATE OF

۹.		0200-
ľ	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
ł	MARYLAND MARYLAND	a. STATE Md b. COUNTY Ratio
ŀ	b. CITY OR TOWN (If outside corporate limits, write RORAL and give nearest town)	c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)
ŀ	ON SON	TOWSON 031
ŀ	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	619 HORM CREST Rd	619 HORNCREST RX DNA FARMY
	3. NAME OF DECEASED First Mildle H	Last 4. DATE Month. Day Year DEATH FEB 5 1951
ľ	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
	WIDOWED DIVORCED	2-25-91 last birthday) Months Days Hours Min.
۱	during most of working life, even if retired) 100: NIND DF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
1	JULIANAM NEW ESTATE	MARIJAND
l	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
l	- LARIES L NUETER	JARPH DEICHMANN
I	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no or unknown) (If yes give war or dates of service)	INFORMANT Address
L	140 7/3-01-2263 /21	LLIAN D. HUELER DAME
ľ	18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c).]	4- O INTERVAL BETWEEN ONSET AND DEATH
l	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MCOSCLERO	lee Cardie - Voscola Desert
1	4221 DUE TO	
l	Conditions, If any, which \ (b)	
l	gave rise to immediate cause (a), stating the DUE TO	
ł	underlying cause last. (c)	
ı	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?
ı	ICAI	YES NO
١	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTION CON	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)
١		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
I	Hour a.m. While Not While factor	ry, street, office bidg., etc.)
I		1940 7101
Į	21. I certify that (I) (this hospital) aftended the deceased from	190, to 190, that (I) (we) last
ĺ	say the deceased alive on 196, and that	death occurred at /1 M, from the causes and on the date stated above
I	Hilliam Helfuel M.D.	ATTENDING MED. STAFF 7 2 12 - 67
	22c. PHYSICIAN'S NAME (Type) WILLIAM OF HELFRICH	220 ADDRESS Roland Or Back 10, Mil
Į	23. JURIAL, CREMATION, 23b. DATE THEREOF 23er, NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	DURING 2-9-67 DULANEW V	oller Ballo Md
	24 FUNERAL DIRECTOR ADDRESS / ()	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Chas. L. Endis A 2004 2807 HAULD	Par Reporte FEB 14 1967 Mclianles Judge

VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01840
CERTIFICATE OF DEATH
01835

1. PLACE DF DEATH a. COUNTY							tion: Residence before admission)
	Baltimo		MARYLANI		Maryland	b. COUNTY	Baltimore
b. CITY DR TOWN Write RURAL	(if outside corpora and give nearest tow	te limits,	c. LENGTH DF STAY IN	c. CITY DR TO	WN (If outside corpo	rate limits, write F	RURAL and give nearest town)
							03-1
d. NAME OF HOS	PITAL OR INSTITUTION 131 Green	ON (if not In I	hospital, give street addre				e. IS RESIDENCE DN A FARM?
	r)ı Green	way n	.oau	8431	Greenway R	d	YES NO X
3. NAME DF OECEASED		rst	Middle	Last	4. DATE	Month	Day Year
(Type or print) 5. SEX		AUL	н.	HUTCHINS,			ary 17, 1967
male	6. COLOR DR RACE White	WIDDWEL	DIVORCED	8. DATE OF BIR 5/19/1	901	yrs. Mor	nths Days Hours Min.
during most of working	ON (Give kind of work by life, eyea if retire K, Alcoa	done 10b.	KINO OF BUSINESS DR INDUSTRY MShip Co.		ACE (County & State, or Land	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME					S MAIDEN NAME		0.044
Cha	rles Lee	Hute	hins	Joh	anna Conr	OV	
15. WAS DECEASED E	VER IN U.S. ARMED FO	RCFS? 16		7. INFORMANT	Callina Colli	Address	8431_Green-
no	(II yes give war or dates o	2	15-18-3830	Mrs. B.	Martha Hu	tchins	way Road
			line for (a), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH
PART I. DEA	TH WAS CAUSED BY IMMEDIATE CAUSE	(a)	Consuly 1	when as	/		ONSET AND DEATH
4201	DUE		arheriable	1- 00			
Conditions, If a		(b)	arter Kill	vere re	vri de +	eal	
cause (a), sta	iting the DUE	TD					
underlying cause		(c)	UTINGTO DEATH BUT NOT R	ELATED TO THE TERM	AINIAL DISEASE CONDI	TION CIVEN IN DAD	T1(a) 19. WAS AUTDPSY
ICAT			OTING TO DEATH BUT NOT K	ELATED ID THE TERM	NINAL DISEASE CONDI	HON GIVEN IN PAR	PERFORMED?
	VAS UNDERLYING DIE CAUSE DE DEA	TH NER)	DESCRIBE HOW INJURY O	CCURRED. (Enter na	ture of injury in Part	I or Part II of Ite	em 18.)
20c. TIME OF II Hour a.m		Year 2Dd. While at wor	Not While -	PLACE OF INJURY (Hi ctory, street, office b	ome, farm, 20f. (Cl oldg., etc.)	ty or town)	(County) (State)
	that (I) (this host		The state of the s	gan.	. 19 59 to	Dec	19.66. that (I) (we) last
	eased alive on	12	- 221966, and 1	hat death occurre	ed atM, from	the causes and	19 (6, that (I) (we) last on the date stated above.
22a. SIGNATUR	9-5	Toute		M.D. PHYS.		STAFF 22	Feb. 8, 1967
22c. PHYSICIAN NAME (Typ		Eugene	Schnitzer	22d. ADDR	ESS		imore 25, Md.
23a. BURIAL, CREMA	ATION, 23b. DATE 2/10	THEREOF 167	Moreland			TION (city, town	
24. FUNERAL DIREC	TDR		ADDRESS	,25	1 Bal		
Mitchell	-Wiedefe	ld Ho	me 6500 Yo	rk Rd na	FER 1	4 1967	Marley Judge

Balto.,

Md.

VR AI5 (4) 10 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01841 CERTIFICATE OF DEATH within 24 hours after death funeral s 1 and . USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH b. COUNTY o COUNTY Baltimore Baltimore after, MARYLAND Marvland c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, papers. Pogi write RURAL and give nearest town) Baltimore 1 month Catonsvil completely filled in b move carbon papers. ny event within 72 hou d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 2830 Rona Road House in the Pines Nursing Home 4. DATE 3. NAME OF Middle Lost DECEASED Amy Alma Ireland (Type or print) DEATH Feb. 28 executed 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED nany eve birthdoy) Months White 5-16-1883 Female DIVORCED puo 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar foreign country) the deoth certificate be and in. physicion on pleose during most of working life, even if retired)
Saleswoman INDUSTRY Calvert Co. Maryland USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removol, Then Ellen Cornelius O.Robinson attending Address Linthicum Hghts 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service Alma Dorsey-702 E. Maple Rd. Maryland NO 214-14-7499 cremation, 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b) the I-transit PART I. DEATH WAS CAUSED BY: requires that IMMEDIATE CAUSE þ attending physician DUE TO signed burial-tr burial-tr burial, c Conditions, if ony, which gove rise to immediate cause (a). DUE TO stating the underlying couse os the hos been ATTENDING PHYSICIAN: The low last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION Heolth , by the hospital or O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH of detached (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) 20c. TIME OF INJURY Manth, Day, Year Hour o.m. factory, street, office bldg., etc.) Nat While Stote | ot work 21. I certify that (1) (this hospital) attended the deceased from 1-25 1967, to 2-28 be retoined 0 with the saw the deceased alive on 2 ~ 27 - 1967, and that death occurred at 235 M, from causes ond on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE STAFF director, poge 3 should be filed v M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Page 4 moy NAME (Type) 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY

VR A15 (4)

REMOVAL (Specify)

QA! FUNERAL DIRECTOR

3-3-1967

Ellsworth Armaccin00 Liberty Hights Avenue

Burial

20 M 1/66

Lorraine Cemetery

2Sq. REC'D BY REGISTRAR

Baltimore, Maryland

(County)

(County)

e. IS RESIDENCE ON A FARM?

YES NOX

Year

1967

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

NO

(State)

(Stote)

Yacologe

Day

Dovs

COUNTRY?

25b. REGISTRAR'S SIGNATURE 196

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		in the state of the state of
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Maryland b. COUNTY Cecil Baltimore MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn) write RURAL and give nearest town) Owings Mills 21 yrs. Port Deposit e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street oddress) d. STREET ADDRESS YES NO X Rosewood State Hospital 3. NAME OF Middle Lost 4. DATE Month Doy Year OF DECEASED 67 JACKSON (Type or print) DEATH Barbara Lee 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH lost birthdoy) Manths 2-26-41 Doys WIDOWED DIVORCED 26 White Female 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. 8IRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) **INDUSTRY** U.S.A. Rising Sun, Maryland Dependent none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Alice Yocum Howard Dennison Jackson, Jr. 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, ar unknown) (If yes give war ar dotes af service) Rosewood Records, Owings Mills, Maryland none INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART 1. DEATH WAS CAUSED 8Y: Proucho DN eumania IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gove rise to immediate couse (o), DUE TO stoting the underlying cause lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port 11 of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MFDICAL 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (Caunty) (State) Haur o.m. factory, street, office bldg., etc.) While Nat While ot wark ot work

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PHYS

22d. ADDRESS

M.D.

22c. PHYSICIAN'S NAME (Type)

NAME OF CEMETERY OR CREMATORY

oseu LOCATION (City of Town)

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(Stote)

REMOVAL (Specify) BUTIAL 24. FUNERAL DIRECTOR

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DIRECTOR

2Sb. REGISTPAR'S SIGNATUR

(County)

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01843 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: PLACE OF DEATH a. COUNTY b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. CITY OR TDWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH DF STAY IN 1b Baltimore 21212 d STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME DF HDSPITAL DR INSTITUTION (If not in haspital, give street address) St. Joseph Hospital 5801 Chinquapin Parkway YES NO X 3. NAME OF First Middle Last Month DECEASED February Mayme Virginia JAEGER 1967 (Type or print) S SEX 6. COLOR DR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years last birthday) 82 yrs. White January 23,1885 Female WIDOWED TO DIVORCED 11. BIRTHPLACE (County & State, or fareign country) 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during mast af warking life, even if retired) INDUSTRY USA Pennsylvania Homemaker 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William H. Stauffer Emma S. Ziegler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na or unknown) (If yes give war ar dates af service) 219-42-0483 James C. Burch, 15 W. Mulberry St. Balto. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pulmonary embolism IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave Carcinoma of the cecum. rise to immediate cause (a), DUF TO stating the underlying cause WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES ND 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Manth, Day, Year (County) (State) Haur a.m. factory, street, affice bldg., etc.) at wark at wark 21. I certify that N) (this haspital) attended the deceased fram 2/9/ , 19_67, ta_ 2/20/, 1967, that 10 (we) last saw the deceased glive an 2/20/ 19 67, and that death accurred at 12:15M, from causes and an the date stated above. 22g. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. ATTENDING PHYS. February 20,1967 22d. ADDRESS 22c. PHYSICIAN'S 7620 York Rd., Towson, Md. 21204 Lawrence F. Misanik, M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Md. 23a. BURIAL, CREMATION, (State) Baltimore, Druid Ridge Cemetery 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Ieonard J. Ruck. Inc. Balto. Md. 21214 Charley Jugar

death: be executed within 24 haurs after death by the funeral Pages 1 and pup campletely filled in by the fur nove carban papers. Pages 1 1y event, within 72 haurs after law requires that the death certificate ar remayal, attending phy permit. Then crematian, signed by the burial-transit p **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires th Page 4 may be retained by the haspital or attending physician TO FUNERAL DIRECTOR: After this certificate has been detached director, page shauld be filed

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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DIACE OF DEATH									
o. COUNTY	Baltimore		MAR)	YLAND 2	o. STATE Maj	Where deceosed in yland	ived, if institution b. COUN		before odmission)
b. CITY OR TOWN	(If outside corporate limits,		c. LENGTH OF STAY	IN 1b	CITY OR TOWN (If o	utside corporote li	mits, write RUR	AL ond give I	nearest town)
TO	nd give nearest town)		16 da	ays	Bal	timore	***	21218	30-4
d. NAME OF HOSP	ITAL OR INSTITUTION (If not in	hospitol, give	e street address)	d	STREET ADDRESS	VI III 70	3 64		e. IS RESIDENCE ON A FARM?
	St.Joseph Ho	ospita	1		200	07 E. 32	nd Stre	et	YES NO
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please compave carbon papers. Pages 1 and shauld be filed with the State Dept. af Health prior ta burial, crematian, or remaval, and in any event, within 72 haurs after death Page 4 may be retained by the haspital ar attending physician.

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3 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

	0184	N OF STATISTICAL I		D RECORDS			MORE 1, MA	ARYLAND	
1.	PLACE OF DEATH a. COUNTY Ba]	Ltimore	V S.C. D.Y. V	MARYLAND	a. STATE Mar	yland	OUNTY		
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		ri-La Nursing (,		Manuelland		ON A	FARM?
3.	NAME OF DECEASED	First		ddle	Last	Maryland 14. DATE M	onth of	Day Ye	
	(Type or print)	Lillian	T.	Jone	8	DF	eb 18	19,	67
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		Rayburn Tayl			Margaret				
	. WAS DECEASED	EVER IN U.S. ARMED FORCES?	16. SOCIAL SECU	JRITYNO. 17.	INFORMANT		dress		
(Y)	es, no, or unkown)	(If yes give war or dates of service	230-10-	5606	Samuel P.	Jones 8319 W	vton Ros	ad lı	
	18. CAUSE OF	DEATH [Enter only one caus	e per line for (a), (b), and (c).]	1	1 . 1		INTERVAL BE	TWEEN
	PART I. DE	EATH WAS CAUSED BY:	Dohyd	ntim	+ Maln	uitrition		ONSET AND	DEATH
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N	underlying caus	se last.) (c) SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEA	THRUTAINTELL	Of TOTHE FERMINAL F	NO FACE COMPLETION CIVE	U IN DADT 1/2)	119. WAS AU	UTOPSY
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MEDICAL	20c. TIME OF Hour a.r p.i		20d. INJURY OCCU While Not Whi at work at wor	ile - facto	CE OF INJURY (Home, fa ory, street, office bidg., e	orm, 20f. (City or town	n) (Count	ty) (State)
	21. I certif	y that (1) (this hospital) :	attended the dece			olde, to F	/	Z, that (1) (1	
		ceased alive on	Feb 25 196	27, and tha	t death occurred at Z	N PM, from the caus			l above.
	22a. SIGNATU	m 1 Bryse	m	М.	PHYS.	MED. STAFF PHYS.	□ 226. DAI	Feb-	60%
	NAME (T)	ype)/Willay	n J BI	Ryson	#605 E	lmondso	yane.	Balto	19 mg
238	BURIAL, CREM REMOVAL (Spo	actful .			Y OR CREMATORY		y, town or coun	ty) (S	tate)
24	Burial FUNERAL DIRE	3-1-01	Mea	dowridge		Baltimon		CICNATURE	
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MARYLAND STATE DEPARTMENT OF HEALTH

vision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120

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-	RANDA	al OR INSTITUTION (If n	ot in hospitol, give	Two Weeks e street oddress) y Geneva L	d. STREET ADDRESS	more	Ave	e	e. IS RESIDENCE ON A FARM? YES NO
L	NAME OF DECEASED (Type ar print)	Gilber			lost	4. DATE OF DEATH	Month 2 -	Doy	Year 19 67
S.	SEX .	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED B			hdoy) Month	hs Doys	Hours Min.
	o. USUAL OCCUPATION	(Give kind of work done life, even if retired)	BOUP R	OF BUSINESS OR ISTRY	11. BIRTHPLACE (County		ry) 12	COUNTRY?	WHAT
13	FATHER'S NAME		7.		14. MOTHER'S MAIDEN N	NAME			
15 (Y	es, no, og unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of service)	cial security No. 17. 11	NFORMANT BL JORDAN	-SAME	Address		
		EATH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE	Kono), (b), and (c).) Faile	ine				ERVAL BETWEEN SET AND DEATH
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L CERTII	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)			V -				
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	220. SIGNATURE	leets San	ellous	M.D	ATTENDING PHYS.	MED. STA	FF CO	DATE SIGNI	ED 67
	22c. PHYSICIAN'S NAME (Type		0 S. K	BARRETTO	Balto. C	Ty. Gen.	Hosp.	old et.	Ro., Med
23	o. BURIAL, CREMATI			23c. NAME OF CEMETERY OR C Sunset Memo:		23d. LOCATION (C		(County) svlvar	
120	4. FUNERAL PIRECK	R _ I		ADDRESS erty Hghts.Av	2So. REC'I	BY REGISTRAR 196	25b. REGISTRAF		En .

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending chysician and completely filled in by the funeral adjrector, page 3 should be detached for use as the burial-tronsit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after deaph. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter deoth. Page 4 may be retained by the hospital or ottending physicion.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120

01847

CERTIFICATE OF DEATH

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							10 10	day 3	
PLACE OF DEA O. COUNTY	Balti	imore	MARYI		CTATE	(Where deceased lived, Maryland	f institution: Reside b. COUNTY	nce before adm	rissian)
b. CITY OR TOV write RURAL	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Towson		c. LENGTH OF STAY IN 2days	1 1b c.		outside corporate limits, Baltimore	write RURAL and gi	-	n) 2 - 1
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3. NAME OF DECEASED (Type or print)	Firs Anna	t	Middle M.	Kal+e	lost enbach	4. DATE OF DEATH	Month Feb.	Doy 20	Year 19 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		TE OF BIRTH	9. AGE (In			IDER 24 HRS.
Female	White		DIVORCED	1	-20-93	73 last birt	hday) Manths yrs.	Days Hai	ırs Min.
	TION (Give kind of work done king life, even if retired)	IND	ND OF BUSINESS OR DUSTRY The Home		. BIRTHPLACE (Count	y & State, ar fareign caun		ITIZEN OF WHADUNTRY?	S.A.
13. FATHER'S NAM	E			14.	MOTHER'S MAIDEN				11-12
Chris	stian Richter	0			?				
(Yes, no, or unknow	EVER IN U.S. ARMED FORCES? vn) (If yes give war ar dates af F DEATH (Enter only one caus	service) 22	OCIAL SECURITY NO.	17. INFO	,	chter 17 E	Address Overlea		1206 BETWEEN
rise to imme	diate cause (a), DUE T	b) Thro	mbosis rig						
PART II. OTHE	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T					ONDITION GIVEN IN PART	1(a)	19. WAS	AUTOPSY DRMED?
Multiple pulmonary infarctions, right lung. 20o. ACCIDENT WAS UNDERLYING 20c. ON CONTRIBUTING 20c. ON CONTRIBUTING 20c. ON CONTRIBUTING 20c. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Contributing Contributions) (Enter nature of Contribution						Part I ar Part II of iten	n 1B.)	YES X	NO 🗌
20c. TIME OF Hour	INJURY Manth, Day, Year a.m. p.m. 19	20d. IN While at wark	Nat While		INJURY (Home, far treet, affice bldg., etc	c.)		ounty)	(State)
21. I co	21. I certify that (this haspital) attended the deceased fram Feb. 18, 19 67, ta Feb. 20, 1967, that (1) (we) saw the deceased alive of Feb. 20, 1967, and that death accurred at 4:50 pM, fram causes and an the date stated about 10 pm.								å (we) las ited abave
22a. SIGNAT	Mocks	un	1HQ	M.D.	ATTENDING PHYS.	MED. STA	FF	DATE SIGNED	1,1967
22c. PHYSICI NAME (1	ype M.S. Cockb	urn, M	.D.		7620 Yox	k Rd., Tow	son, Md.	21.204	Bear
230. BURIAL, CREM PEMOYAL (Spe	23b. DATE THER 2/23/6		23c. NAME OF CEMEN			23d. LOCATION (C Baltimo		(County)	(State)
24. FUNERAL DIRI	chnituneral	Hon	ADDRESS 7401 Be	132	250. REC DATMA	R 1 1967	25b. REGISTRAR'S	SGNATURE Co Jud	ge :

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, partition only event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Poge 4 moy be retained by the hospital or attending physicion.

VR A15 (4) A

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

01848 the funeral ages 1 and 2 rs after death, I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Resi o. COUNTY b. COUNTY Baltimore Maryland ampletely filled in by the fur ve carbon papers. Pages I event, within 72 haurs after MARYI AND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Arbutus d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Paradise Nursing Home 5009 Leeds Avenue 3. NAME OF Middle Lost 4. DATE Month campletely DECEASED MARY KASINSKAS February 7, (Type or print) S. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost hirthdoy) Female. 1-24-1884 WIDOWED DIVORCED White and IDo. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY Lithuaina Housewife
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Catherine Motckevic Joseph Saukatis 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dates of service 10 Mr. William L. Kasinskas, 5009 Leeds Ave. signed by the atter burial-transit perm burial, cremation, a 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) ond (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO has been see as the left the priar take stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Health **DIRECTOR:** After this certificate ge 3 should be detached for uniled with the State Dept. of Healt 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER' 20c. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) Hour o.m. foctory, street, office bldg., etc.) 21. 1 certify that (1) (this haspital) attended the deceased from 1911 to_ 1967, and that death accurred at 12:302M, from causes and an the date stated above. +e6, 7 saw the deceased alive an_ 22o. SIGNATURE ATTENDING director, page 3 shauld be filed v DIRECTOR 22c. PHYSICIAN'S TO FUNERAL Maiden Choice Lane NAME (Type) Dr. Stanley Ankudas 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Holy Redeemer Cemetery Baltimore, Maryland 2-10-1967 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR

death. 24 haurs after within requires that the death certificate be executed affending OR ATTENDING PHYSICIAN: The law be retained O HOSPITAL

VR A15 (4) 25M 1/67

Howard H. Hubbard, 4107 Wilkens Ave. 21229

2Sb. REGISTRAR'S SIGNATURI

(County)

22b. DATE SIGNED

(County)

dence before odmission

e IS RESIDENCE ON A FARM?

NO X

19 67

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPS PERFORMED?

19.66, that (1) (we) last

(Stote)

Baltimore

IF UNDER 1 YEAR

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12. CITIZEN OF WHAT

Lithuaina

COUNTRY?

Months

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	Here I. Wester, March Miles

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

OZOZO OZRINIOAT	2 01 524111	-
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission, STATE b. COUNTY	ion)
BALTIMORE MARYLAND	maryland City of Balt	0.0
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town	wn)
write RURAL and give nearest town) Baltimore 12	City of Baltimore 304	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d STREET ADDRESS e. IS RESIDEN	NCE
Ammagagt Nunging IIama Danatan A-	3802 Fenchurch Road YES NO	
Armacost Nursing Home - Regester Av. 3. NAME OF First Middle	3802 Fenchurch Road YES J NOI Last 4. DATE Month Day Year	罢
DECEASED	OF Feb. 26, 1967 to	
(Type or print) MADELON BLATCHFORD 5. SEX 6. COLOR OR RACE 7. MARRIED X) NEVER MARRIED 3	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24	HRS
7. MARKIED 22 IVEVER MARKIED	last birthday) Months Days Hours M	lin.
Female White WIDOWED DIVORCED	Feb. 7, 1901 66 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT CQUNTRY?	
NONE	Bedford Co., Pal USA	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John K. Blatchford	Anna Jenkins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT: husband Address Balto., 2121	8
(1 es, no, or unkont) (11 yes give nat of dates of set vice)	Fayne A. Kayser, 3802 Fenchurch Rd.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL RETWE	EN
PART I. DEATH WAS CAUSED BY:	onset and Deat	1H
IMMEDIATE CAUSE (a) LOCAL VILLAC	Transfer of the second	-
Conditions, If any, which \ DUE TO Conference Jele		
gave rise to immediate	CICIA	_
cause (a), stating the DUE TO		
underlying cause last. (c)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOP	YZS
PART II. DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	PERFORMED	D?
2 Curkosis of 5	ines YES NO	<u>K</u>
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 202. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.)	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State	e)
Wille Wot while	ory, street, office bldg., etc.)	GIN
	1962 to 18. 26 , 1967, that (1) (we)	last
21. I certify that (I) (this hospital) attended the deceased from	at death occurred at 70 M, from the causes and on the date stated abo	
saw the deceased alive on 1961, and the	1 22b. DATE SIGNED	040.
Y / M . 1) 11 //	ATTENDING - MED STAFF - 3/2 C//>	
22c. PHYSICIAN'S	D. PHYS. DIRECTOR PHYS. DIRECTOR PHYS.	_
NAME (Type)	Mid-lits Blog Satting ont	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)	1
REMOVAL (Specify) 3/1/1967 Druid I	Ridge Pikesville, Balto. Co., M	d.
24. FUNERAL DIRECTOR ADDRESS	21201 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
Stewart & Mowen Co. 108 W.North Av., H	Balto. DATE MAR 1 1967 gcharles Judge	

VR A15 (4)

NAME OF THE PROPERTY OF THE PR inge. E 2003 (1) E E E CENTRALED EN CHEVREN THE RESERVE TO BE AND ADDRESS OF THE RESERVE OF THE PARTY OF THE PARTY

MARYLAND STATE DEPARTMENT OF HEALTH

		DIVISION OF VITAL	RECORDS, 301 W. PRESTO	IN STREET, BALTIMO	DRE, MARYLAND 21201	
	01850		CERTIFICATE	OF DEATH	018	46
	PLACE OF DEATH			2. USUAL RESIDENCE (Where deceosed lived, if institution: Reside	nce before odmission)
	o. COUNTY BALTI	MORE	MARYLAND	o. STAUMARYLA	ND b. COUNTAINNE	ARUNDEL
	b. CITY OR TOWN (If outside	le carparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	atside carporate limits, write RURAL and gi	ve nearest town)
	FORT HOWARD	eorest town)	1 DAY	RIVERA BE	ACH	- 2
		NSTITUTION (If not in hospital,	give street oddress)	d. STREET ADDRESS	- V 5	e. IS RESIDENCE
	VETERANS ADI	MINISTRATION	HOSPITAL	233 MEADO	W ROAD	ON A FARM? YES NO X
3.	NAME OF	First	Middle	Last	4. DATE Month	Day Year
	DECEASED (Type or print)	JAMES	FRANCIS	KEARNEY	OF DEATH FEBRUARY	27 19 67
S.	SEX 6. COL	OR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER last birthday) Manths	
	MALE W	HITE WIDOWED	DIVORCED C	CTOBER 3. 1	895 71 yrs. Manins	Days Haurs Min.
1Do	. USUAL OCCUPATION (Give ki	ind of work done 10b.	KIND OF BUSINESS OR		& State, or foreign country) 12. C	ITIZEN OF WHAT
aui (ing mast af working life, ever CRANE OPERATO	OR S	INDUSTRY TEEL	IRELAND		OUNTRY?
	FATHER'S NAME			14. MOTHER'S MAIDEN		
	THOMAS KEAR	RNEY		MARY FLY	NN	
15	WAS DECEASED EVER IN U.S.	ARMED FORCES? 16	. SOCIAL SECURITY NO. 17.	NFORMANT	VA HOSPITAL	
	es, no, ar unknawn) (If yes g	WW I 2	07 05 30 49 CI	INICAL RECO		MARYLAND
		nter anly ane couse per line for		2112012 1200	Table 1 Oct 110 minutes	INTERVAL BETWEEN
1	PART I. DEATH WAS		RONCHOPNEUMONI	A		3 OFFET JAMES DEATH
	491X "	DUE TO				
	Canditians, if any, which					
	rise to immediate couse stating the underlying co	(a), (DUE TO				
	last.	(c)				
_	PART II. OTHER SIGNIFICAN	NT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
MEDICAL CERTIFICATION		CARCINOMA OF	PROSTATE			PERFORMED? YES NO
THE	2Do. ACCIDENT WAS UNDERL	LYING 20b. [DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar Part II of item 18.)	
CER	OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL					
S	2Dc. TIME OF INJURY Mor			CE OF INJURY (Hame, farm		ounty) (State)
ME	Hour a.m.	19 Whi		ory, street, affice bldg., etc.)		
	21. I certify that		nded the deceased fram	FEB. 26 1	9 67, ta FEB 27 19	67, that (1) (we) las
	saw the decease				930P M, fram causes and an	
	22a. SIGNATURE	104	// MM	ATTENDING		DATE SIGNED
	Han	uma 1	Kanner / 4 M.	D. PHYS.	MED. DIRECTOR PHYS. 2/	28/67
	22c. PHYSICIAN'S	HOWARD C. KRA	ת א פישאו	22d. ADDRESS		
	NAME (Type)	HOWARD C. KRI	wear, M.D.	VA Hospi	tal, Fort Howard,	Md.
23	BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City ar Tawn)	(County) (Stote)
	u PEMOVAL (Specify)	Mar.3,1967	Holy Redeeme:	c Cemetery	Baltimore, Mary	
2	FUNERAL DIRECTOR Gon	ice		ov Ritchier		
1 ~	Coxes E	7 77	Balto	Md DATE A4	10 1 1007 Miles	was Judge

Balto, Md.

1967

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the atterding physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death Page 4 may be retained by the haspital or attending physician.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

7 7	01851	CERTIFICATE C	OF DEATH	01847	
T dead	1. PLACE OF DEATH o. COUNTY BALTIMORE	MARYLAND 2.	USUAL RESIDENCE (Where deceosed o. STATE MARYLAND	lived, if institution: Residence before b. COUNTY BARTIM	- /
by the funeral Pages 1 and aurs after dea	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD	c. LENGTH OF STAY IN 1b c.	CITY OR TOWN (If outside corporate BALTIMORE	limits, write RURAL and give neares	,
pers.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, VETERANS ADMINISTRATION I	,	STREET ADDRESS 3210 WEST BALTIM		ON A FARM? YES NO X
tely filled in by the ban papers. Page, within 72 haurs	3. NAME OF First DECEASED	Middle	Lost 4. DATE	Month Doy	Year
car	(Type or print) EDWARD 5. SEX 6. COLOR OR RACE 7. MARRIED		ELIEY DEATH PATE OF BIRTH 9. A	FEBRUARY 13 GE (In years agst birthdoy) Months Doys	19 67 IF UNDER 24 HRS. Hours Min.
cian and cam ease remave and in any ev			CH 31, 1918 4	8 yrs. 12. CITIZEN OF	
physician crempled section of the physician of the physic		NDUSTRY	BALTIMORE MARYT	COUNTRY ?	
ending physical interpretation of removal	EDWARD J. KELLEY		ROSALEE ELMHORST		
	(Yes, no. or unknown) (If yes give wor or dates of service)	SOCIAL SECURITY NO. 17. INFO	V.	A H OSPITAL ORT HOWARD, MARI	TLAND
signed by the attr burial-transit perr burial, cremation,	18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)			RICHT LING ON	ERVAL BETWEEN SET AND DEATH
signed by the burial-transit burial, cremati	Conditions, if ony, which gove (b)				
	rise to immediate cause (a), stating the underlying cause last.				
has se a th pi	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THROMBOSIS OF ABDOMINAL	AORTA WITH OCCLU	TERMINAL DISEASE CONDITION GIVEN I	TTAG ADMEDTEG	WAS AUTOPSY PERFORMED?
Affer this certificate I be detached far u State Dept. af Heal	GR CONTRIBUTING CLAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRED. (Ente	er noture of injury in Port I or Port II	of item 18.)	
or this certi detached ate Dept. af	Hour o.m. While		F INJURY (Home, form, street, office bldg., etc.)	City or town) (County)	(State)
R: Afte	21. I certify that (1) (this haspital) atters saw the deceased alive an FEB. 13	nded the deceased fram FE 1967, and that de	B. 12 , 19 67 , to eath accurred at 1245M,		e stated above.
FUNERAL DIRECTOR: rectar, page 3 should nould be filed with the	220. SIGNATURE Que su	NEX ON MASSAGE	ATTENDING MED. PHYS. DIRECTOR	STAFF 2/13	^{ED} /67
RAL D	PHYSICIAN'S NAME (Type) SHELDON E. KA	IMUTZ, M. D.	VAH FORT HOWAR	D, MARYLAND	
directo shaulo	230. BURIAL, CREMATION, REMOVAL (Secritary), 23b. DATE THEREOF 2-15-67	23c. NAME OF CEMETERY OR CREM BALTIMORE NATT		TION (City or Town) (County IMORE, MARYIAND	(Stote)
VR A15 (4) 20 M 1/66	24. FUNERAL DIRECTOR	WITZKE FUNERAL	HOME DATE FR 1 5 1		
		4101 EDMONDSON	AVE. BALTIMORE,	MD: #	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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	Division of STATISTI	CAL RESEARC	H AND RECORDS, 3	01 W. PRESTON STR	EET, BALTI	IMORE, MARYL	AND 212	01		
01852	3		CERTIFICAT	E OF DEATH			018	48		
1. PLACE OF DEATH a. COUNTY	ltimore		MARYLAND	a. STATE		sed lived, if institution b. COUN	TV			on) / City
b. CITY OR TOWN (If outside corporate limits, di give nearest tawn)	(LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corpara	ate limits, write RUR		nearest	town)	
Owings M. d. NAME OF HOSPIT	ills AL OR INSTITUTION (If not	in haspital, give	App. 7 mo. street oddress)	d. STREET ADDRESS	9		- 17	1	IS RESID	
Rosewood	State Hosp	ital		1500 Lake:	side A	venue		У		NO E
3. NAME OF DECEASED (Type or print)	First Re rom		Middle G •	Kelly Jr.	4. DATE OF DEATH	Februa		Day 28	Yeo	67
S. SEX		7. MARRIED WIDOWED	NEVER MARRIED J	B. 14 02 97 16 5	5	P. AGE (In years last birthday)	IF UNDER 1 Manths	YEAR Days	Haurs	R 24 HRS. Min.
Male 10a, USUAL OCCUPATION during mast of working	(Give kind af wark dane		OF BUSINESS OR TRY	11. BIRTHPLACE (Count			12. CITI	ZEN OF INTRY?		е.
13. FATHER'S NAME				Baktimore	NAME			-	U.5	* % 2 *
IB. CAUSE OF DI PART 1. DEA 153 / Canditians, if any rise to immedial stating the under	rlying cause (a),	per line for (a)	, (b), and (c).)		rmenia	eal	dical	INTE	RVAL BET ET AND D	TWEEN DEATH
PART II. OTHER SI	M"icroc	aplial	DEATH BUT NOT RELATED TO	e neutal	reta	rolateori			PERFORM	
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. DESCR	BE HOW INJURY OCCURRED). (Enter nature of injury in	Part I ar Pai	rt II af item 18.)				
20c. TIME OF INJ Hour o.i	10	20d. INJUI While at wark	Not While fo	LACE OF INJURY (Hame, far actory, street, affice bldg., etc	:.)		(Cau			(State)
		ital) attended	the deceased fram_ 7_19, and th	not death occurred o		to 2/25 M, from causes				
22a. SIGNATURE	Malin -	Zeeie	e i	M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DA	TE SIGNE	3/6	2
22c. PHYSICIAN'S NAME (Type				22d. ADDRESS	2 Asq	TATE H	espit.	92		
23a. BURIAL, CREMATION REMOVAL (Specify	ON, 23b. DATE THER	EOF	23c. NAME OF CEMETERY O		177 650	OCATION (City or Tax		(County)		State)
Burial 24. FUNERAL DIRECTO	1 3-3-0	7 1	Baltimore ADDRESS	National 250. REC	Ba By REGIST	ltimore RAR 25b. RE	GISTRAR'S SI	GNATUR	Md E	•

H.W. Jenkins & Sons Co. 4905 York Rd. Baltw MAK

1967

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and caraptetely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01853		CERTIFICATE	OF DEATH	•	1849
1. PLACE OF DEATH 0. COUNTY Bal1	imore	MARYLAND	2. USUAL RESIDENCE (W o. STATE Md.	/here deceosed lived, if institution: I b. COUNTY	Residence before admission)
b. CITY OR FOWN (If outsid write RURAL ond give n Tdlewild	eorest town)	c. LENGTH OF STAY IN 1b	1	rside corporote limits, write RURAL o	
		hospital, give street address)	d. STREET ADDRESS	7172777777777	e. IS RESIDENCE ON A FARM?
Armacost N	lursing H		2516 E. Ma	adison St.	YES NO
3. NAME OF DECEASED (Type or print)	First MAR	-	LECKA	4. DATE Month OF DEATH Februar	
The second second		MARRIED NEVER MARRIED	8. DATE OF BIRTH 12/5/77		UNDER 1 YEAR IF UNDER 24 HRS.
10o. USUAL OCCUPATION (Give k during most of working life, ever housewife	n if retired)	10b. KIND OF BUSINESS OR INDUSTRY at home	11. 8IRTHPLACE (County Czechos	& Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	h Slecht		14. MOTHER'S MAIDEN N		
16 Was a first tare from Maria	451155 505 555	Liv cocial enguniary no. Lit.	NFORMANT	Address	21214
(Yes, no, or unknown) (If yes g	ive wor or dotes of sery	215-22-4782 Mi	ldred Pre	tl,neice,2109	Woodburn Ave
PART I. DEATH WAS	CAUSED BY: MMEDIATE CAUSE (0) I DUE TO	or line for (o), (b), and (c).) Occousing Litely tre di	attend a	lesecese bo	INTERVAL BETWEEN ONSE AND DEATH TOUZ GENERALOU
Conditions, if ony, which rise to immediate couse stating the underlying course.	(o), DUE 10	Anterveller	alie Hou	it Disease	nisace
PART II. OTHER SIGNIFICAL	or conditions contributed	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	E OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in F	Port I or Port II of item 18.)	
20c. TIME OF INJURY Mo Hour o.m. p.m.	nth, Doy, Yeor		CE OF INJURY (Home, form ory, street, office bldg., etc.)	, 20f. (City or town)	(County) (Stote)
saw the decease		ottended the deceosed from		to 11/8	on the date stated obove.
220. SIGNATURE	W. dles	utzu MI	D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	226. DATE SIGNED F-EL 201967
	. Donald	Mintzer		Evergreen Ave	•
230. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE THEREOF			23d. LOCATION (City or Town) Baltimore	(County) (Stote)
24 FUNERAL DIRECTOR Schimunek 2601 I	Funeral	Home, Inc.		BY REGISTRAR 2Sb. REGISTI	RAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death

Poge 4 may be retained by the hospitol or ottending physicion.

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	F	OR	5 2.	TATI	N
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Give Poges

Item 18.

pencil

writing the word This certificate shauld

certificote,

EXAMINER:

State Departmen ofter permit. File poges hours event within burial-tronsit ony = 0 3 should be used removol, cremation, or

should Page funerol director.

along with form icote, writing the word "pending" in pencil in Item 1 be forworded to the Chief Medical Examiner's Office may be retained for your FUNERAL DIRECTOR: Poge S m.,
TO FUNERA.
Health prior t

01850PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE Maryland COUNTY Baltimore Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Baltimore Baltimore e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS 7017 Queen Anne's Road YES NO [Baltimore County General Hospital 3. NAME OF Middle Lost 4 DATE Month Dov Year DECEASED DEATH 28 67 (Type or print) BARRY 9. AGE (In years S. SEX IF LINDER 1 YEAR IE LINDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) Months Hours WIDOWED DIVORCED 18 White Male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Student St. Louis Mo. 13. FATHER'S NAME Rev. Theodore Kline Beulah Deal 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 21207 (Yes, no, or unknown) (If yes give wor or dotes of service) None Rev. Theodore Kline-7017 Wueen Rnne Rd. IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Idiopathic cardiomyopathy IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPS PERFORMED? YES X 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. Not While of work of work 21. I certify that I took charge of the remains described above, held an Autopsy [X]. Inspection Inquiry ond in my apinian death resulted from: Natural causes X. Accident . Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED SIGNATURE 700 Fixed DEPUTY MEDICAL EXAMINER **EXAMINER'S** 3 - 1 - 67Address (Street, city, town, or county) RUSSELL S. FISHER, M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF BURIAL CREMATION. 23d. LOCATION (City or Town) (Stote)

Moreland

Loring Byers-8728 Liberty Rd. Randallstown, Md. DATE MAR 6

Cemetery

250. REC'D BY REGISTRAK 2:

25b. REGISTRAR'S SIGNA

VR A15ME (5)

REMOVAL (Specify)

2/3/67

of classic manufactures are the first of the most present pures, yet and the second that it is . . . Tara delige anil our tosus . Mine Land Land House, Landows Life-VOIT Widen anne pe.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. 5 (4) 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	01000			CERTIFICAT	E UF DEATH	1	1011	
1.	PLACE OF DEATH	1				or (dependent	nevitation Residence before	admission)
	a. COUNTY	TIAD !	25	MARYLAND	a. STATE	b. cou	TIMORE	
	b. CITE OR TOW	N (if outsi	de corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (II	foutside corporate fimits, w	rite RURAL end give nea	rest town)
	write RURAL		nearest town)		DVE	DIEA	12	1-
	d. NAME OF HOS	SPITAL OR	INSTITUTION (If not I	n hospital, give street address)	d. STREET ADDRESS	X12-11		RESIDENCE A FARM?
	70	14	BEECH	AVE	7014 B	BEECH AVE	YES	ON O
3.	NAME OF DECEASED	- 1	First	Middie	Last	4. DATE Mon	th Day	Year
	(Type or print)		RISTOPHI	SR J. KL	IN GENBERG	DEATH YELO		196
5.	SEX	6. COLOR	OR RACE 7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hou	
11	ALE	WH	ITE WIDOW		NOV. 27 /	896 70 yrs.		107
10a	. USUAL OCCUPAT ing most of work	ION (Give k ing life, ev	ind of work done 10t en If retired)	D. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (C	County & State, or foreign count	ry) 12. CITIZEN OF WH	IAI
H	OSE MAN		K.d.C.	RETIRED	BALTIMO	DAK MO	V.S.A	1
13.	FATHER'S NAM	E			14. MOTHER'S MAII	DEN NAME		
	ADAM.	KL1		96	ANNA	?		
			war or dates of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT	Addr	ess	
	YES	WORLD		122-04-3194 M	ARGARETJ	KUNCENBERG	- TOM BEE	CHAVE
	18. CAUSE OF	DEATH [Er	ter only one cause p	er line for (a), (b), and (c).]		1	INTERVAL ONSET AN	BETWEEN
	PART I. DE	ATH WAS	CAUSED BY: ATE CAUSE (a)	coron	aryo	celleror	c 76	9000
	420.1	Timine Di	DUE TO	,	, /	7'0	- 1-	
	Conditions, if	eny, which	-	ypertend	rde as	residuce	10- 104	2-2
	gave rise to		e (pur To	// 1	A	0 1		
	cause (a), st underlying caus		(c)	to cond	cadasce	as olls ele	re	
NOI	PART II. OTHER S	SIGNIFICAT		IBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE CONDITION GIVEN I	N PART 1(a) 19. WAS	AUTOPSY FORMED?
CAT							YES T	NO 🗌
H	20a. ACCIDENT	WAS UND	ERLYING [] 20b	. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of	of Injury In Part I or Part II	of Item 18.)	
CERTIFICATION	OR CONTRIBUTI	ING □ CAU TIFY MEDI	ERLYING 20b JSE OF DEATH CAL EXAMINER)					
				d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, f	arm, 20f. (City or town)	(County)	(State)
MEDICAL	Hour a.r			nile Not While	ory, street, office bldg.,	etc.)		
Z	p.i			work at work	No bl	10 J3 to Telo	1067 that (I)) (we) last
	The second second second	-	10000	ended the deceased from	at death occurred at	C. P. M. from the cause	s and on the date stat	
	saw the de		Ne on John	7) 15 L, allu tili	at death occorred at	Telli, Holli the Gaose.	22b. DATE SIGNED	100 00000
18		X	e Rd	ages "	D. PHYS.	MED. STAFF DIRECTOR PHYS.	1	
	22c. PHYSICIA	WS	1 1 2 2 2	2000	22d. ADDRESS		20.00	
	NAME (T	ype) R	ICHARD	12, K16 LE1.	2 1.w.	verter a	LY & BALIO	76
238	BURIAL, CREM		3b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City,	town or county)	(State)
1	BURIAL	ecity)	214/67	PARK WOO	5	TAYLOR 6	4UE BALTO.	MA
24	. FUNERAL DIRE	ECTOR	1/	ADDRESS	25a. RI	EC'D BY REGISTRAR 25b.	REGISTRAR'S SIGNATUR	E
1	140051	AD	VISING.	THE DELLIE	12D DATE F	FR 3 1987	Milarley Ju	192

k.>(4814) E TALK THE All SHOWS MALL SULV TOTAL FOR SHIP AND TO HERE HOME CHRISTORIAR THE KANGERIFFIE TO SEE MALE SHIP STANDED HE STANDARD KILL KETHER LEETEN GOVERN ON LONG A TRAIN FRINCES STATES THE MANDERS THE THE MARCHET STADMISSIPPLY TO PLUS HAD 101 - Constitution 20 6- 30 5-30 Compared to the constant of the The constitution of the same and the THAT IS TOTAL COLLEGE OF THE COLLEGE SHEET Missing april 12 Park Webs Tropes No His Partie Man DESTRUCTED AND STREET OF STREET STREET, STREET STREET, STREET STREET, STREET, STREET, STREET, STREET, STREET,

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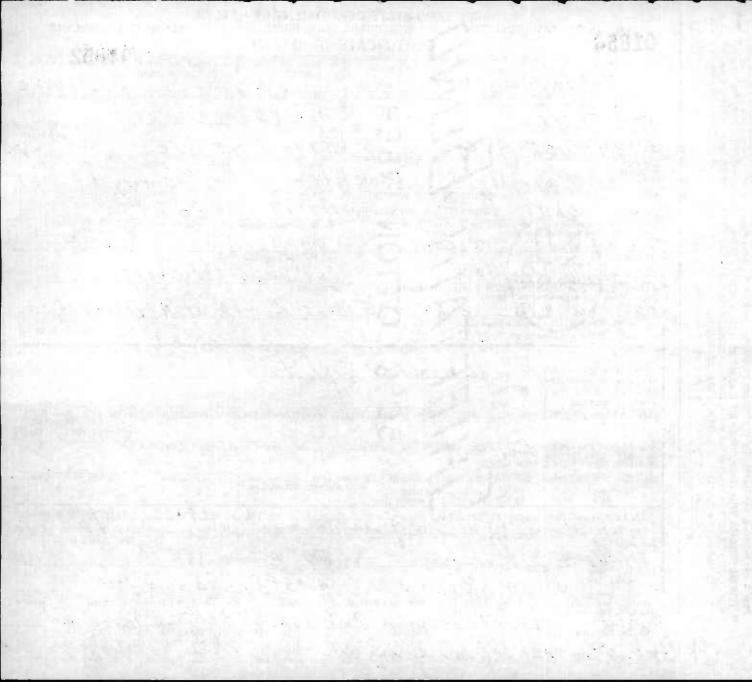
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 hours after death, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

3

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution Residence before admission) a. STATE (), b. COUNTY
Baltimore MARYLAND	a. STATE Mary and b. COUNTY Baltimore
b. CITY OR TOWN (if outside corporate limits, c, LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	Halethorne
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE
5744 First Ave	5744 FIRST AVE. VES NO Z
3. NAME OF First Middle	Last 4. DATE Month Day Year
OECEASED (Type or print) Carpoll R. Koel	hler DEATH February 1 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
Male Whate WIDOWED DIVORCED	1/1/7 50 yrs. Mondis bays hours min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) Tech portages t Dental	Macalland Country?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George W. Koehler	Catherine Reichert
	INFORMANT Address
(Yes, no, or unknown) (If yes give war or dates of service)	Mabel R. Koehlers 44 Kirst AVE
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (Interned Aut	to chrener
592 / DUE TO 0	
Conditions If any which	nonharts.
gave rise to immediate DUE TO	CAN MARY
underlying agent left	
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
The state of the s	PERFORMED? YES \(\text{NO} \(\text{D} \)
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF OEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	RRED, (Enter nature of injury in Part I or Part II of Item 18.)
CO TIME OF INJURY MARK Day Year LOOK INJURY COOLINGED LOOK DIA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI Hour a.m. yhile at work 19 at work 1	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	Man. 19/06 to Feb , 19/07, that (1) (we) last
	death occurred atM, from the causes and on the date stated above.
22a. &IGNATURE	22b. DATE SIGNED
Milliam A Bone sons M.D.	ATTENDING MED. STAFF DIRECTOR PHYS.
22c, PHYSICIAN'S	22d. ADDRESS
NAME (Type) William & Bryson	4605 Edmond 50 al Ave.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
BREMOVAL (Specify) 2/4/67 Journey Pa	sk Comition Battimist, Mariland
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Compage For 1328 Sals hour Sarias R.	of Tate B 6 1967 Icharles Judges
VILLENIA CAR 12 TO KANTELLEN VALORINO OF	DATE

VR AIS (4) 20M 1/65



DIVISION OF VITAL RECORDS, 301, W. PRESTON, STREET, BALTIMORE, MARYLAND 21201

01057	Item 2	CERTIFICA	ATE OF DEA			01059	
1. PLACE OF DEATH o. COUNTY	BALTIMORE	MARYLAND	o. STATE	DENCE (Where dece	osed lived, if institute b. COU	ANTHE	ore odmission
b. CITY DR TDWN (If outside corpo write RURAL and give nearest CATONSVILLE	prote limits, tawn)	c. LENGTH DF STAY IN 1b			rate limits, write RU		est town) 21227
d. NAME OF HOSPITAL OR INSTITUTE HOUSE IN THE		,	d. STREET ADDS	-0/ 21-00	(6/FUST/IN LNE/NURS I	and the second	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First EMORY	Middle H. KOHLHA	Lost	4. DATE OF DEAT		th Do EB. 16,	oy Year 19 6 7
S. SEX MALE 6. COLOR OR WHIT	RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 5/12/91		9. AGE (In years last birthday) 75 yrs.	Months Doys	
10o. USUAL OCCUPATION (Give kind of v during most of working life, even if retir CLERK		CIND OF BUSINESS OR NDUSTRY RETIRED	I I	(County & State, or MARYLAND	oreign country)	12. CITIZEN COUNTRY USA	(?
	. KOHNHAUS			NNIE E.	HIGH		
1S. WAS DECEASED EVER IN U.S. ARMED (Yes, no, or unknown) (If yes give wor NO	or dates of service)	SOCIAL SECURITY NO. 12 05 5531	17. INFORMANT CHARLES E.	. KOHLHAU	Addr JS 5537 O		E. 21227
18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE! IMMEDIA Conditions, if ony, which gove rise to immediate couse (0), stoting the underlying couse last.	D BY: TE CAUSE (a)Cez DUE TO	r (o), (b), ond (c).) rebrovascular pergensive ar					NTERVAL BETWEEN ONSET_AND DEATH O CAYS
PART II. OTHER SIGNIFICANT CON		TO DEATH BUT NOT RELATED	TO THE TERMINAL DISE	EASE CONDITION GI	VEN IN PART 1(o)		9. WAS AUTOPSY PERFORMED? YES NO 7
2Do. ACCIDENT WAS UNDERLYING E OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMI	ATH	ESCRIBE HOW INJURY OCCUR	RED. (Enter noture of in	njury in Port I or P	ort II of item 18.)		
20c. TIME OF INJURY Month, Do Hour o.m.	y, Yeor 2Dd. While		PLACE OF INJURY (Hor foctory, street, office bi	ldg., etc.)	(City or town)	(County)	(State)
21. I certify that (I) (saw the deceased alive 220. SIGNATURE	0 11	ded the deceased from	m5/28/ that death accurr M.D. ATTENDING PHYS.		to 2/16 R, Man causes STAFF PHYS.	and an the do	
22c. PHYSICIAN: NAME (Type) HER	BERT J.	LEVICKAS	22d. ADDRE 1073		CHOICE L	AND 212	29
REMDVAL (Specify)	DATE THEREOF /20/67	LOUDON PA	RK CEMETER	Y	LOCATION (City or To BALTO., M	ID.	
24. FUNERAL DIRECTOR HOWARD H. HUBBAF	D 4107 WI	LKENS AVE. 2		O. REC'D BY REGIS	TRAR 25b. R	egistrar's signati	URE Quedas

Milarley Jud.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remayal, and in any event, within 72 hauryafter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

2 01		CENTITICATE	OF DEATH	111854	
	ACE OF DEATH		2. USUAL RESIDENCE (Where deceased		
0.	COUNTY BALLTUROYS	MARYLAND	O. STATE Mary and	b. COUNTY BA	I truote.
b.	CITY OR TOWN (If autside corporate limits write RURAL and give nearest town)		c. CITY OR TOWN (If outside carparate	limits, write RURAL and give	e nearest tawn)
	BAHIMORE	24 HRS	BAITTUREST	03	2-1
d.	NAME OF HOSPITAL OR INSTITUTION (If no	t in hospital, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE
18		Isdical Courter.	18 19 Cromc	wood Road	YES NO
DE	ME OF CEASED HAZEL Fire pe or print) HAZEL	Middle M	Lost 4. DATE OF DEATH	Month	24 FF 6
. SE>	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	. / 00		1 YEAR IF UNDER 24 H
Ŧ	ewale Whitz	WIDOWED DIVORCED	6-10-88	lost birthdoy) Months	Days Hours Mi
Oo. U	SUAL OCCUPATION (Give kind of work done most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign	gn country) 12. CIT	TIZEN OF WHAT
13. F/	ATHER'S NAME		14, MOTHER'S MAIDEN NAME		
	John Rolf	2_	Mixoneo elles	2.	
	AS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(1es, 1	no, grupknown) (If yes give wor or dotes of	Cha	rles I. Kratz 1	819 Gromwo	od Rd.
	8. CAUSE OF DEATH (Enter only one cour PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	(0) CARCINDMA	OF GERVIX	AND	INTERVAL BETWEE ONSET AND DEAT
ri st lo	oting the underlying couse (a), oting the underlying couse (st.	(b)			
ri st lo	anditions, if any, which gove se to immediate couse (a), oting the <u>underlying couse</u> DUE st.	(b)	THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION d log to	anditions, if any, which gove se to immediate couse (a), oting the <u>underlying couse</u> DUE st.	(b)	THE TERMINAL DISEASE CONDITION GIVEN (Enter nature of injury in Part I or Port II	WET	PERFORMED?
CERTIFICATION d log to	anditions, if any, which gove se to immediate couse (a), oting the <u>underlying couse</u> DUE st. ART II. OTHER SIGNIFICANT CONDITIONS COURT OF THE CONTRIBUTIONS COURT OF DEATH	(b)	(Enter nature of injury in Part I or Part II	l of item 18.)	PERFORMED?
NI CERTIFICATION	DUE DOB ACCIDENT WAS UNDERLYING TO CONTRIBUTIONS CONTRIBUTIONS TO CONTRI	(b)	(Enter nature of injury in Part I or Port II CE OF INJURY (Hame, form, fory, street, office bldg., etc.) $2 - 23$, 1967 , 12	(Courtem 18.)	PERFORMED? YES NO Unity) (State
MEDICAL CERTIFICATION A DISTRICT OF DISTR	DUE DOCUMENTAL SERVICE DOCUMENT WAS UNDERLYING CONTRIBUTIONS CONTRIBUT	(b)	(Enter nature of injury in Part I or Port II CE OF INJURY (Hame, form, fory, street, office bldg., etc.) $2 - 23$, 1967 , 12	(City or town) (Cou	PERFORMED? YES NO Unity) (State Z, that (I) (we) ne date stated ab
MEDICAL CERTIFICATION A 1) C 1) C 1) A 15	DUE DOB ACCIDENT WAS UNDERLYING TO CONTRIBUTIONS CONTRIBUTIONS TO CONTRI	(b)	(Enter nature of injury in Part I or Part II CE OF INJURY (Hame, form, lory, street, office bldg, etc.) 2 - 2 - 3 , 1967, tated to death accurred at 345 PM, ATTENDING MED.	City or town) (Cou	PERFORMED? YES NO Unity) (State Z, that (I) (we) ne date stated above.
MEDICAL CERTIFICATION C 0 0 0 0 0 0 0 0 0	DUE DOCUMENTAL SERVICE DOCUMENT WAS UNDERLYING CONTRIBUTIONS CONTRIBUT	(b)	(Enter nature of injury in Part I or Port II CE OF INJURY (Hame, form, lory, street, office bldg., etc.) 2 - 2 - 3 , 1967 , ta t death accurred at 345 PM,	City or town) (Cou	PERFORMED? YES NO Unity) (Stot

rs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 Page 4 may be retained by the haspital ar attending physician.

VR A15 25M 1/

2

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funeral physician please Then please

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution a. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 27 months OWSON Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat address) Forest Haven Nursing Home 3. NAME OF Middle DECEASED M. 27. Larkin February Margaret (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR last birthday) Female WIDOWED M DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retired) Baltimore, Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, no, or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (e) DUE TO gove rise to immediate couse DUE TO (a), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY CERTIFICATION 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) 2Da. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, form, 2Df. (City or town) (County) fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work 21. I certify that (1) (this hospital) attended the deceased from Nov. 16 1964 to 1 27 19.67 that (8) (we) last # 27 19.6.7, and that death occurred at 3. AM, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATUR ATTENDING PHYS. DIRECTOR PHYS. 22d. ADDRESS 226. PHYSICIAN' 23a. BURIAL, CREMATION, 1 23b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) New Cathedral Cemetery 050 Baltimore, Maryland 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Melantes

e. IS RESIDENCE ON A FARM?

YES NO

1967

IF UNDER 24 HRS.

PERFORMED? NO X

(State)

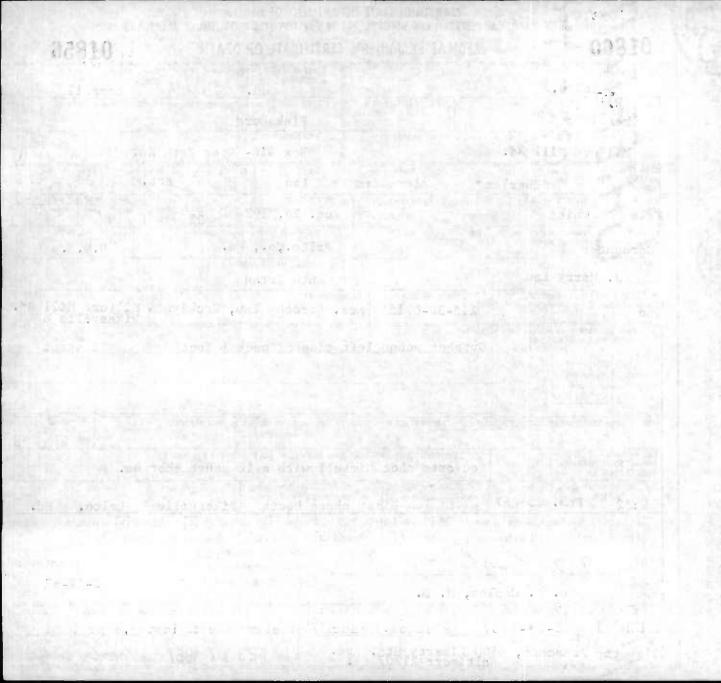
22b. DATE

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR ST	TATE		01860		MEI	DICAL EXAMIN	IER'S	CERTIFICATE C	OF DEATH	(185	6
HEAUTH	VOEPT.	1.	PLACE OF DEATH						Where deceosed lived, if in	nstitution: Residen	nce before od	mission)
is of g	·		o. COUNTY	Balto.		MARY	TAND	o. STATE	b.	. COUNTY	rroll	V
200	death.	-		f outside corporate limit		t. LENGTH OF STAY I			ut • utside corporate limits, wri			vn)
and 3 M3. Pag	ate Deportme hours after d		Write RURAL and Pikesvi	give nearest town)	,	C. LENGTH OF STATE	10	Finksb		TO KOKAL ONG GIV	0 11001031 101	, ,
2, Z, P	af		d. NAME OF HOSPITA	AL OR INSTITUTION (If no	ot in hospitol,	give street oddress)		d. STREET ADDRESS			e. IS	RESIDENCE
es 1, farm	hours		Milfo	ord Mill Rd				Box 41	0- Deer Park	c Rd.	YES	NO DY
death e Pag with	72	3.	NAME OF DECEASED (Type or print)	Char	les	Middle Alexan	der	Lost Lau	4. DATE OF F	Month eb.	Doy 15	Year 67
after d 3. Give alang w	with the	S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9. AGE (In ye	ors IF UNDER		INDER 24 HRS.
000	12 wint w		Male	White	WIDOWED	Laure 1		Aug. 26, 19	34	YIS.		ours Min.
24 haurs in Item 1 's Office	pages, land 2		. USUAL OCCUPATION ing most of working Carpente	(Give kind of work done lite, even if retired) EX		KIND OF BUSINESS OR INDUSTRY		Balto.Ço.	3 17	12. CI1 CO	TIZEN OF WHOUNTRY?	AT
40	000	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			
within 2 in pencil in Examiner's	d in		J. 1	larry Lau				Ruth Eat	on			
cauld be executed within ward "pending" in pencil the Chief Medical Examine	used as a burial-transit permit. File burial, crematian, ar removal, and	15 (Y	WAS DECEASED EVE s, no, or unknown) i no	R IN U.S. ARMED FORCES? (If yes give wor or dotes o	of service) 2 1	. SOCIAL SECURITY NO. 15-30-0715	17. I Mr :	NFORMANT s. Dorothy	Lau, Rocklyr	Address A Milf Pike	ord Mi sville	11 Rd.
exe endi	t pe		18. CAUSE OF DE	ATH (Enter only one cou	se per line fo	or (o), (b), ond (c).)					INTERVA	L BETWEEN AND DEATH
be "pe	burial-transit matian, ar re		PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE	(o) Gur	shot wound	left	side of no	eck & face		insta	int
ward the Ch	an,		9.161	DUE	TO							
sha w th	urio		Conditions, if ony, rise to immediate		(b)							
the sh	a b		stoting the under		TO							
ertificate sh writing the warded ta	as al, c		last.)	(c)					- Mile		
0	be used ta buria	CERTIFICATION	PART II. OTHER SIG	GNIFICANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT NOT REL	ATED TO 1	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1((0)	19. WAS PERI YES	FORMED?
	70 5	HE	20o. EXTERNAL CA						Port I or Port II of item 1			
INER: e certif shauld	hauld l		CAUSE OF DEATH.	VIKIDUTING LJ	Dec	eased shot	hims	self with a	12 gauge sh	otgun.		
MINE of the case o	ge 3 sh ogent,	MEDICAL	20c. TIME OF INJU	IRY Month, Doy, Yeor	20d	INJURY OCCURRED	20e. PLA	CE OF INJURY (Home, form	n, 20f. (City or tow	vn) (Co	unty)	(Stote)
AM the the	y age	ME	9:52 p.m	Feb. 15 19	67 Whi	e Not While of work	pay r	ory, street, office bldg., etc.	Pikesvill	e Ba	lto.	Md.
AL EXAMINER: Execute the cert r. Page 4 shault	red Po									Inquiry X,	and in	my apinian
exe exe	30 and		death result					ide 🔀 , Hamicide		ed manner	_	iii, apiiiaii
ME Calledse e director	REC esiç					/	, , , , ,	CHIEF MEDICAL				
please directo	DI DI DI ST		ACTUAL SIGNATURE	9.2 6	aple	2		M.D. ASSISTANT MEI	DICAL EXAMINER		22. [DATE SIGNED
SSary, funeral	RAL		EXAMINER'S						AL EXAMINER		2-17-	67
EPI Fun fun	E E		NAME (Type)	D. D. C	aples,	M. D.		Address (Stree	t, city, town, or county)			
necessary, pleathe funeral direction	TO FUNERAL DIRECTOR: Pag Health ar its designated o	230	. BURIAL, CREMATIO REMOVAL (Specify)			23c. NAME OF CEME			23d. LOCATION (City		(County)	(Stote)
-	1		urial M	1-18-1	967	Meadow	Bran	nch Cemete	ry Westmir	ister, M	laryla	nd
VP	A15ME (5)	24	CHERAL BIRTH	(CNI MOLLIN	4600	ADDRESS Liberty Hts	ΔΨ	2So. REC'		Sb. REGISTRAR'S S	SIGNATURE	
	M 1/66	L	llsworth	Armacost,	Balt	Liberty Hts imore 21207	7 714	DATE	EB 17 1967	Jula	reas J	noge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01861 CERTIFICATE OF DEATH and 2 death. funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY by the Pages 1 starter of b. COUNTY Baltimore MARYLAND Maryland
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b papers. Pagr hin 72 hours c write RURAL and give nearest town) Baltimore

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) Baltimore 21206 .5 d STREET ADDRESS filled i St. Josephs Hospital 1311 Woodlea Ave 58 campletely fi 3. NAME OF Middle 4 DATE Month DECEASED OF DEATH February Theodore W. LE BRAND (Type or print) S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED) lost birthdoy) May 13, 1918 male white WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) Railroad during most of working life, even if retired) Pennsylvania Engineer physici en pled 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar removal, attending physpermit. Then p Paul J. Le Brand Ida M. Johnson IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dotes of service Yes signed by the atten burial-transit permi burial, crematian, a 219-03-7930 Mrs. Ida Le Brand 4311 Woodlea Ave. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I. DEATH WAS CAUSED BY: Massive antero-lateral myocardial infarction. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse has been see as the Ith priar ta It PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 1.Old fibrosed diaphragmatic myocardial infarct. 2. Arteriosclerosis with calcification coronary arteries.

200. ACCIDENT WAS UNDERLYING | 2005. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

OR CONTRIBUTING | CAUSE OF DEATH be detached State Dept. of Dept. af (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month. Dov. Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) Hour o.m. foctory, street, office bldg., etc.) ot work ot work 21. I certify that (Min's haspital) attended the deceased from February 6 _, to February 61967, that (K (we) last 197 saw the deceased dive an February 6, 1967, and that death accurred at 2:22 M, fram causes and on the date stated above 22o. SIGNATURE MED. DIRECTOR STAFF PHYS. **ATTENDING** U - D. M.D. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Reynaldo Orjuela-Gomez, M.D. 7620 York Rd., Towson, Md. 21204 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION Burial (Specify) Moreland Park Cemetery Parkville, Md.

ADDRESS

Ulrich Funeral Home 4210 Belair Road.

requires that the death certificate be executed within 24 hours after death be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate OR ATTENDING PHYSICIAN:

VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR

2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

(County)

22b. DATE SIGNED

Feb. 6. 1967

(County)

e. IS RESIDENCE ON A FARM?

YES NO

IF UNDER 1 YEAR

12. CITIZEN OF WHAT

II.S.A

COUNTRY?

Months

Year

IF LINDER 24 HRS

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPS PERFORMED?

(Stote)

(Stote)

YES X

19 67

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			100 mg 172	-10
1.00				
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	ton but a branch Lecentre n			
	or this element levels - n	etas avina		
	Tot Int			
	Tot Int			

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If Institution: Residence before edmission) PLACE OF DEATH a. COUNTY b. COUNTY Baltimore Baltinore Maryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL end give nearest town) Dundalk Dundalk d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Liberty Parkway Liberty Parkway DATE 3. NAME OF Middle Month OF DECEASED Pratt (Type or print) Levera DEATH February 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthday) Months | Female WIDOWED DIVORCED 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) North Carolina Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Sarah Axsom 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Mr. Henry W. Lee. same address as above 18. CAUSE OF DEATH lenter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item IB.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work 19 n.m 21. I certify that (I) (this hospital) attended the deceased from..... 196 , and that death occurred at... M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE ATTENDING MED. STAFF DIRECTOR PHYS. M.D 22d. ADDIESS 22c. PHYSICIAN'S NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY

P di VR A15 (4) 15M 7-62

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funeral

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72 hours after

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physician.

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signed by

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ed by the hospital on After this certificate

ECTOR:

death. Page 4 HOSPITAL

0

death certificate

Forsythe County. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1967

23d. LOCATION (City, town or county)

e. IS RESIDENCE

Yeer

19 67

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO X

(State)

SIGNED

22h DATE

1 12. CITIZEN OF WHAT COUNTRY?

ON A FARM? YES NO

238. BURIAL, CREMATION, | 23b. DATE THEREOF

REMOVAL (Specify)

Removal

24 FUNERAL DIRECTOR'S SIGNATURE

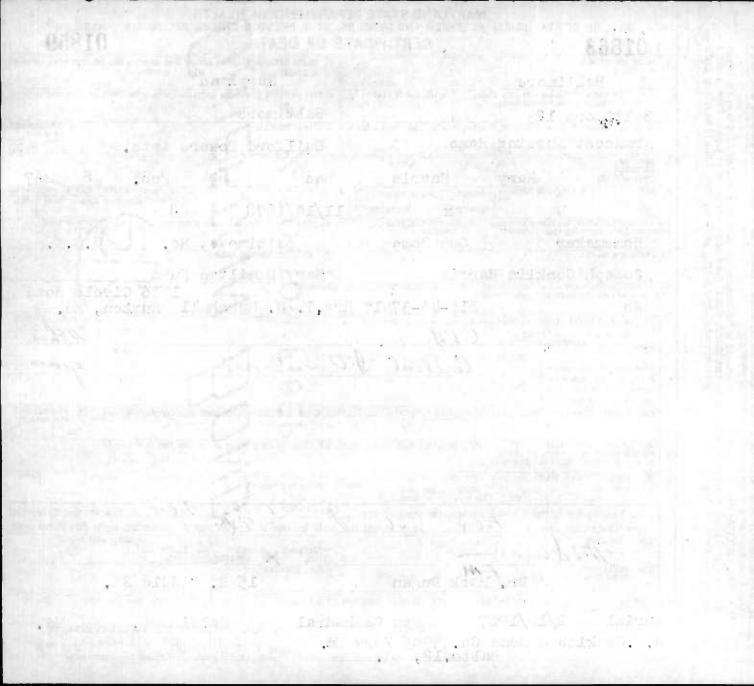
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending offysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. They please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01863

	0.2000
1. PLACE OF DEATH a. CDUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY B. COUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Baltimore 12	Baltimore
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Armacost Nursing Home	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
	Guilford Towers Apts. YES NO
3. NAME OF First Middle DECEASED (Type or print) Mary Harris	Lee 4. DATE Month Day Year
7. MARKIED REVER MARKIED	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. Hours Mi
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Homemaker Own Home	Baltimore, Md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Conklin Harris	Mary Hamilton Kuhn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or dates of service)	I (16 Circle Road
	rs.T. H. Marshall Ruxton, Md.
18. CAUSE DF DEATH [Entor only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	4 shis.
Conditions, If any, which DUE TO Cerebral Fre	tursely years.
gave rise to immediate	consensity.
cause (a), stating the DUE TO	
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY
ICATI	PERFORMED? YES ND
	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)
19 I factor	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
Hour a.m. p.m. 19 While Not While at work at work	J, career, car
21. I certify that (I) (this hospital) attended the deceased from	July 19 5 to 16-8, 1966, that (1) (we) last
	death occurred at 2.3 M, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF
M.D	
Dr. Mark Dugan	15 E. Biddle St.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 2/10/1967 New Cath	edral Baltimore
24. FUNERAL DIRECTOR ADDRESS	
H.W.Jenkins & Sons Co. 4905 York I	Re. DATE FEB 10 1967 Charles Judge

5 (4) 1/65 A15



23c. NAME OF CEMETERY OR CREMATORY

WOODLAWN

WINDSOR MILL RD.

23d. LOCATION (City or Town)

2So. REC'D BY REGISTRAR

WOODLAWN BALTO.

2Sb. REGISTRAR'S SIGNATURE

VR A15ME (5)

23a. BURIAL CREMATION.

23b DATE THEREOF

Mine-Confidence Law Papers _ CAL Constitution of the second of Se deservo filifi . I minimacie . - al an alla del and the booking at the property of the second of the secon di , 16 m 120 4 · water marketing

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01865

CERTIFICATE OF DEATH

01861

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence	befare admission)						
O. COUNTY ALTIMORE MARYLAND		TIMORE						
b. CITY DR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give	nearest town)						
write RURAL and give nearest town) Towson	BALTIMORE (21:	204) 02-1						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?						
GREATER BALTIMORE MEDICAL CENTE	R. 8227 CARRIBRIDGE CII	PUEYES NO NO						
3. NAME OF DECEASED (Type or print) JOHN FITZHUGH	LEONARD DEATH FEB, 2	Day Year 6 7						
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1) 11 - 11 - 12 9. AGE (In years Months If UNDER 1)	YEAR IF UNDER 24 HRS. Days Hours Min.						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUILDING MATERIALS (Fresident)	11. BIRTHPLACE (County & Stote, or foreign country) BALTIMORE, MD. 12. CITIZ COUNTRY	ZEN OF WHAT NTRY? U, S,						
13. FATHER'S NAME TRA FITZHUCH LEONARD	14. MOTHER'S MAIDEN NAME	lle						
We was proposed that a same same same a	INFORMANT Address							
	. Katherine Leonard (Sam	ne)						
IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ARCINOMA DUE TO	OF LUNG	INTERVAL BETWEEN ONSET AND DEATH						
Conditions if any which save								
rise to immediate couse (a),								
stoting the underlying cause (c)	storing the underlying couse							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)	19. WAS AUTOPSY PERFORMED? YES NO						
OR CONTRIBUTING CAUSE OF DEATH	(Enter nature of injury in Port I or Port II of item IB.)							
20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 2Dd. INJURY OCCURRED While of work of twork of twork of two work 2Dd. INJURY (Home, farm, foctory, street, office bidg., etc.)								
21. I certify that (I) (this haspital) attended the deceased fram Fieb 16., 1967, ta Fieb 26., 1967, that (I) (we) last saw the deceased alive an Fieb, 26., 1967, and that death accurred at 12. M, fram causes and an the date stated above.								
220. SIGNATURE C C Shes M.D. ATTENDING MED. STAFF 22b. DATE SIGNED N.D. PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR DIRE								
22c. PHYSICIAN'S NAME (Type) C. C. SHIH M.D.	6701 N. Charles St. G.	BMC						
230. BURIAL, CREMATION, REMOVAL (Specify) 3/1/67. 23c. NAME OF CEMETERY OR Meadowridge Me		County) (Stote)						
24. FUNERAL DIRECTOR Leonard J. Ruck, Inc. Balto. Md. 21214	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG							

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then Dease remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Poge 4 may be retained by the hospitol or ottending physicion.

VR A15 (4) 0 25M 1/67

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Learned L. mot. inc. Palts, Mr. 21218

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTI.

CERTIFICATE OF DEATH BALTIMORE, MARYLAND 21201

01866

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020				UIC					
PLACE OF DEATH				(Where deceosed lived, if institution: Resid	ence before admission				
	ALTIMORE	MARYLAND	o. STATE MARY	TAND b. COUNTY					
b. CITY OR TOWN	(If autside carparate limits,	c. LENGTH OF STAY IN 1b		utside corporote limits, write RURAL and g	ive neorest town)				
	nd give nearest town)	20 DAYS	BAITI	2 4 7 //					
	HOWARD ITAL OR INSTITUTION (If not in hospital,		d. STREET ADDRESS	I e. IS RESIDENCE					
	RANS ADMINISTRATIO	u ,		AUGUSTA AVENUE	ON A FARM?				
3. NAME OF	First	Middle	Last	4. DATE Month	Day Year				
(Type or print)	WILLIAM	J.	LEONARD	OF FEBRUARY	16 19 67				
S. SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS				
male	WHITE WIDOWED	DIVORCED	12/2/24 19	923 4342 yrs. Months	Doys Hours Min.				
Oo. USUAL OCCUPATION		IND OF BUSINESS OR	11. BIRTHPLACE (County	& State, or foreign country) 12.	CITIZEN OF WHAT				
		1 is chiere Co	BALTIM	ORE, MARYLAND	U.S.A.				
TRUCK DI 3. FATHER'S NAME			14. MOTHER'S MAIDEN						
WILLIAM	M J. LEONARD		WINFRED	ADAMS					
		SOCIAL SECURITY NO. 17.	INFORMANT	Address					
(Yes, no, or unknown	(If yes give you or dates of service)			, VA HOSPITAL, FT	HOWARD, MD.				
18. CAUSE OF	INTERVAL BETWEEN								
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) BRONCHOGENIC CARCINOMA									
162	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) BRONCHOGENIC CARCINOMA DUE TO								
Conditions, if on	Conditions if any which now >								
rise to immedia									
lost.	storing the underlying couse (
PART II. OTHER	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)								
20o. ACCIDENT W					PERFORMED?				
20o. ACCIDENT W		ESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Port I or Port II of item 18.)					
OR CONTRIBUTIN	G CAUSE OF DEATH Y MEDICAL EXAMINER)								
4		NJURY OCCURRED 20e. PL/	ACE OF INJURY (Home, for	m, 20f. (City or town) (C	ounty) (Stote)				
Hour	o.m. While	Not While for	tory, street, office bldg., etc		(5,010)				
	or wor		1/07/67	19 ta 2/16/67 19	1 . 28 /) 1				
21. I certify that KX (this haspital) ottended the deceased fram 1/27/67, 19 ta 2/16/67, 19 that (*) (we) las sow the deceased alive on 2/16/67 19 , ond that death occurred at 10:25%. When causes and an the date stated above									
220. SIGNATURI	220. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED								
(lea	al & Behldata	R no M	.D. PHYS.	DIRECTOR PHYS. LX	2/16/67				
22 HIYSTCIAN	STORES OF THE	T DAME TOTAL NA T	22d ADDRESS	RT HOWARD, MARYLAND					
NAME (Typ	e) GEORGE CK MC E	ELFATRICK, M. I	VAL FUE	T TOURING THATTERED					
30. BURIAL, CREMAT	TION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)				
REMOVAL (Speci	fy) 2-20-17	BAITIMORE I		BALTIMORE, MAF					
BURTAL 24. FUNERAL DIRECT	FOR	ADDRESS		D BY REGISTRAR 2Sb. REGISTRAR'S					
11/1	21 2 1 2 2	COWAN FUNERAL	HOME						
MUL 7 U	wen - our one	12014	DAFE	32 () 1967 (Chary	en Judge				

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave corban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death." TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

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DIVISION OF VITAL PECOPDS 201 W PRESTON STREET RAITIMORE MARYLAND 21201

			OF DEATH	
	01867	CERTIFICATE	OF DEATH	01863
1.	DLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, a. STATE	
	dallemose	MARYLAND	Maryland H	b. COUNTY Mary
	 CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If Jutside corporate limits,	write RURAL and give nearest lown)
	19 allimore		0	13-2
	d. NAME OF HOSPITAL OR INSTITUTION (If not i	n haspital, give street address) I Medi Center	d. STREET ADDRESS	eville Ray Yes \ NO \ NO
3.	NAME OF First PREASED (Type or print)	dvs Elizabe	The Last A. DATE OF DEATH 8/3	Manth Day Year
S.	SEX 6. COLOR OR RACE 7	. MARRIED NEVER MARRIED E	B. DATE OF BIRTH 9 - 11 - 05 9. AGE/In last birt	
10c dur	a. USUAL OCCUPATION (Give kind of wark dane ring most of working life, even if retired).	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign count	try) 12. CITIZEN OF WHAT COUNTRY?
13.	ErnesT R	Her Bo	14. MOTHER'S MAIDEN NAME	
	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give war ar dates af s	ervice) 16. SOCIAL SECURITY NO. 77. I	Harry Pott	Lamel mel
	18. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	Mara You	handeatic carring	INTERVAL BETWEEN ONSET AND DEATH
	157X DUE TO			
	Canditians, if any, which gave (b)		carciuma	
	stating the underlying cause DUE TO			
	kast.) (c)			I lo was all tooks
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CON	RIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART	19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFI	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature af injury in Part I ar Part II af iter	n 1B.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19		CE OF INJURY (Hame, farm, ory, street, affice bldg., etc.)	town) (County) (State)
	21. I certify that (I) (this haspit saw the deceased alive an	al) attended the deceased fram	death accurred at 9 P M, fram	causes and an the date stated abave
	22a. SIGNATURE Luan L	. Rishe M.C	ATTENDING MED. STA	
	22c. PHYSICIAN'S NAME (Type) JUA	N L. ROQUE	22d. ADDRESS BMC BC	altiume MD 21204

NAME OF CEMETERY OR CREMATORY

(State)

(County)

REGISTRAR'S SIGNATURE

LOCATION (City or Town)

25b.

READ BY REGISTRAR FEB 1

2Sa.

DATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

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230 BURIAL, CREMATION, DEMOVAL (Specify)

FUNERAL TURECTOR

23b. DATE THEREO

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Romeratic carculoma

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

(01868			CERTI	FICATE	OF DEAT	TH			01	864		
1. PLACE OF DEATH a. COUNTY Baltimere MARYLAND					2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE b. COUNTY								
b. (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Baltimere Life					c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Beltimore 21224								
d. NAME	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) St. Joseph Hospital					d. STREET ADDRESS 2418 Orleans St.						e. IS RESIDENCE ON A FARM? YES NO	
3. NAME O DECEASE (Type or	D	Firs	Adam A.	Middle Lezans	ki.	Lost	4. D 0 D		Febru		9 Doy	Yeo	67
s. sex		LOR OR RACE	7. MARRIED X	NEVER MARRI DIVORC		Dec. 24	1909 19 39 *	9. AGE	(In years birthday) yrs.	IF UNDER Manths	1 YEAR Days	IF UNDER Haurs	Min.
	CCUPATION (Give land) of working life, even to the composite of the compos			OF BUSINESS OR TRY			imere	, or fareign (ountry)	((TIZEN OF DUNTRY?		
13. FATHER	NAME	ER	LOZAN	USKI		BOBBI	AIDEN NAME	St	AFAL	rsk1			
	TEASED EVER IN U.S inknawn) (If yes	. ARMED FORCES? give war ar dates of	convice V	AL SECURITY NO.	10	s. Kelen	C. Vo	naur	li - 24	1/8 (Irle	ars-	80
IMMEDIATE CAUSE (a) 163 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Carcimona of the Lung with Brain Metastasis Carcimona of the Lung with Brain Meta										nerv.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 1B.)									Airm		YE:	WAS AUTO PERFORME S	ED? NOx
MED	ME OF INJURY Mo Haur a.m. p.m.	19	While of wark		facta	OF INJURY (Hom ry, street, affice bld	lg., etc.)		or town)		ounty)		State)
21. I certify that (I) (this hospital) attended the deceosed from Selection 1967, ta Feb. 9, 1967, that (I) (we) las saw the deceased alive on Feb. 9 1967, and that deoth accurred of FM. M, from couses and an the date stated above													
22a. SIGNATURE Lace V. Talentino M.D. ATTENDING DIRECTOR DIRECTOR PHYS. XI Feb. 9 1967									,				
22c. PHYSICIAN'S NAME (Type) Joel V. Tolentino 22d. ADDRESS 7620 York Rd. Baltimore, Md. 21204													
SUL	AL (Specify)	23b. DATE THER 2-13-		3c. NAME OF CEI BALTIM		EMETO	ERY	3	N (City ar To	Mi	(County)		tate)
24. FUNERA	L DIRECTOR	21.01	- 7334	ADDRESS	isn.	SF DAT	REC'D BY RE		1967	GISTRAR'S	signaturi		de

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then place nemave carban papers. Pages 1 and 2 **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

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sertificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
01.865

Ulaby	_ 0	000
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: R a. STATE b. COUNTY	esidence béfore admission)
BALTIMORE MARYLAND	MARYLAND	V
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
	BALTIMORE	30-4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
GREATER BALTIMORE MED. CENTER	711 N. MONTFORD AVI	E · YES \ NO \
3. NAME OF First Middle DECEASED C C	Last 4. DATE Month	Day Year
(Type or print) GEORGE LEO LOGU 5. SEX 6. COLOR OR RACE 7 MARRIED MINEYED MARRIED 1	DE, SR. DEATH FEBRUARY 8. DATE OF BIRTH 9. AGE (In years) IFUNDER	2 1967
MALE CAU. WIDOWED DIVORCED DIV	12-01-09 S7 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	00	ITIZEN OF WHAT
FIREMAN - BALTO CITY	BALTIMORE, MARYLAMD	V.5.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
FELIX LOGUE	CARRIE S. SCHAE	FER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFDRMANT Address	
218-01-5027		
18. CAUSE OF DEATH [Enter only one cause per line for (a) (b) and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	calory facleere	
201X DUE TO ROLL		
Conditions, If any, which gave rise to Immediate (b)	necessel.	
cause (a), stating the DUE TO	5 Arease.	
Underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA		110 WAS AUTORSY
PART II. UTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	1 4 0 1/	19. WAS AUTOPSY PERFORMED?
Texa dioffin Ulas C	CRED. (Enter nature of Injury In Part I or Part II of Item 18.	YES NO
GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRRED. (Citter nature or mjury in Part 1 or Part 11 or Item 16.	,
O I	ACE OF INJURY (Home, farm, 20f. (City or town) (Cou	inty) (State)
Hour a.m. p.m. 19 While Not While at work	ay, street, office brugg, etc.)	
21. I certify that (I) (this hospital) attended the deceased from	11- 26, 1965, to 2-2, 196	2, that (I) (we) last
	t death occurred at/0:34AM, from the causes and on the	he date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF	ATE SIGNED
M.D		12/6/
22c. PHYSICHAR'S NAME (Type)	ZZG. ADDRESS	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY Burial, CREMATION, 23b. DATE THEREOF Holy Redeeme		unty) (State)
2, 3, 3,		IC CICMATURE
24. FUNERAL DIRECTOR Funeral Home, Inc. ADDRESS	val. 1	
3331 Brehms Lane #13	FOATE 6 1967 Kularus	1 0

1/65 VR A15

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

01866

010	6.0		CENTIN	CAIL	OI DEATH			U	TO	00	
1. PLACE OF DEATH	ltimore		MARY	LAND	2. USUAL RESIDENCE (a. STATE		b. CO	YTMU			on)
	(If outside corparate limit	5	C. LENGTH DF STAY II		c. CITY DR TOWN (II a	nd jutside corpo	arate limits, write R	IRAL and give	neglest	town)	
write RURAL o	nd give nearest tawn)		C. CEROTII DI SIAI II			imore		orane una grio	30	4	
d. NAME DF HOSP	ITAL OR INSTITUTION (If n	at in hospital, g	give street address)		d. STREET ADDRESS		_		0.	ON A FA	DENCE APM2
	seph's Hospi	tal			6211 Ma	riett	a Ave.		Y		NO 📑
3. NAME OF DECEASED		rst	Middle	100	Last	4. DATE			Day	Yeo	
(Type or print)	William		F.	LOS		DEAT		ebruar		IF UNDER	
s. SEX male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		6/15/72		9. AGE (In years last birthday) Yrs.	Months	Doys	Hours	Min.
	ON (Give kind of work done ig life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Count	γ & Stote, or	fareign country)		IZEN OF JNTRY?	WHAT	
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	? Losch				Unk	nown					
IS. WAS DECEASED E	VER IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. 1	NFORMANT		Ado	ress			
(Yes, na, ar unknawn) (If yes give wor or dates		15-07-0117	Re	ymond C. B	11ccet	Sr (Ste	n-Son) Sai	me	
	DEATH (Enter only one co			1 112	Lymona o. D	ussey	01, (00)	op com		RVAL BET	WEEN
PART I. DE	DEATH (Enter only one co	oso por anto tar	cerebral th	aromb	osis					ET AND D	
1193	IMMEDIATE CAUSE										
Conditions, if or	DUE		terminal]	oneun	nonia						
rise to immedi	ote couse (a)	(b)									
stating the und	derlying couse DUE								- 11		
lost.		(c)							Lio	MACALITA	OPCV
PART II. OTHER	SIGNIFICANT CONDITIONS	ONTRIBUTING 1	TO DEATH BUT NOT REL	ATED TO 1	THE TERMINAL DISEASE CO	ONDITION G	VEN IN PART 1(o)		19. YES	WAS AUTO PERFORM S	NO 5
OR CONTRIBUTION	AS UNDERLYING IG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY DO	CURRED.	Enter nature af injury in	Part I or F	ort II of item 18.)				
A Hour	JURY Manth, Day, Year a.m. p.m. 19	20d. If While			CE OF INJURY (Hame, far. ory, street, affice bldg., etc		(City or town)	(Cou	nty)	((State)
	tify that (I) (this ha	spital) atten	ded the deceased	110111			to Feb	18 , 19	57, thi	at (I) (we) la
	deceased alive an_	eb.	18 1967,	and that	t death accurred a	9P.1	IM, fram cause:	s and an th	ie date	stated	dabav
22o. SIGNATUR	4isrello	1 1	alit	M.(ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DA	TE SIGNE	7	
22c. PHYSICIAN NAME (Ty	Fiorelic	G. Mai	lit		22d. 780265 Y	ork R	oad, Bali	timore	212	04,	Md.
23a. BURIAL, CREMA		EREOF	23c. NAME OF CEME	TERY OR	CREMATORY	23d.	LOCATION (City or 1	lown)	(County)	(S	itote)
Burial Speci	fy) Feb. 2	1, 196	7 Salladae	huro	Cemetery	Sel	ladaahum	Penns	i.		
24 FUNERAL DIREC	TOR		ADDRESS	0	250. REC		ladasbur STRAR 25b.				
ugenia	K. Seitz	209 Yo	rk Road 121	2	DATE	FEB !	2 1 1967	Icho	relex	, Jecu	dec.
DELLZ U	neral Home	KS ITO.	MG CIZI				- 1401			7	0

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. cian and completely filled in by the funeral ease remove corbon popers. Pages 1 and 3 aperin any event, within 72 hours offer destr **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending phy director, page 3 should be detached for use as the buriol-tronsit permit. Then should be filed with the State Dept. of Health prior to buriol, cremotion, or removal Poge 4 moy be retained by the hospital or attending physician.

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OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH . USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) e. COUNTY b. county timo re a. STAMaryland Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) write RURAL and give neerest town) Catonsville Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 617 Aldershot Road 21229 Summit Nursing Home YES NO NAME OF Day Middle DECEASED OF February DEATH 1967 (Typa or print) Havmond H. Lveth 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS. Male 1885 April WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 RIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Baltimore, Md. Self Contract Carrier 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Catherine Samuel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgive were detes of service) Mrs. Mollie Lyeth address as above same 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Trivalerotes Cardio-Vasquelar chocase DUE TO gave rise to immediata cause DUE TO (a), stating the underlying causa last. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION PERFORMED? NO Z 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e, PLACE OF INJURY (Homa, farm, (County) (Stete) Month, Day, Yeer 20d. INJURY OCCURRED 20f. (City or town) lectory, street, office bldg., etc.) While Not While Hour a.m. at work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from 12-12, 1963 to 2+ 13, 1967, that (I) (we) last 19.6.7., and that death occurred at 30°M, from the causes and on the date stated above. saw the deceased alive on ... 2. DATE 22a. SIGNATURE SIGNED ATTENDING MED DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) & P 23d. LOCATION (City, town or county 23a. BURIAL, CREMATION, 23b. REMOVAL (Specify) Woodlawn Cemetery Burial Woodlawn, Md. 25e. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

funeral by the and 2 death. 5 completely physician please attending physician. signed by 6 certificate USB DIRECTOR: death. Page 4 director, be filed v OI

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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FOR STA	ATE		01872	MEDIC	AL EXAMINER'S	CERTIFICATE O	OF DEATH	1868
W O 0	DEPT.		PLACE OF DEATH o. COUNTY			o. STATE	(Where deceased lived, if institution; b. COUNTY	Residence befare admission
ay is 3 to Page	death.	_	BALTIMORE		MARYLAND	1	ARYLAND	
delay and 3 M3. Pa	Department rs after deat		 CITY OR TOWN (If autside corporate limit write RURAL and give nearest tawn) 	S, C.	LENGTH OF STAY IN 16	1	outside corporate limits, write RURAL	and give nearest tawn)
y del and PM3.	partmafter		FORT HOWARD		4 DAYS		TIMORE	31-4
2,2	S a		d. NAME OF HOSPITAL OR INSTITUTION (If n	at in haspital, give	street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
es 1, farm	haurs	,	VETERANS ADMINISTRA	TION HOS	PITAL	1815 BARC	LAY STREET	YES NO K
after death. If a 8. Give Pages 1, along with farm	with the State E	3.	NAME OF F	rst HUR	Middle D.	MADDEN	4. DATE Manth OF FEBRUAR	Y 24 19 67
after 3. Give along	五年	S.	SEX 6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS.
2 d 18.	2 ×]	MALE NEGRO	WIDOWED	DIVORCED [10/24/21	des birthday) Mi	anths Doys Hours Min.
24 haurs in Item I r's Office	pages land2 v in any event v	duri	USUAL OCCUPATION (Give kind af wark done ng mast of warking life, even if retired)	INDUS		11. BIRTHPLACE (Stote	e ar foreign cauntry) E, MARYIAND	12. CITIZEN OF WHAT COUNTRY?
l in	ges	13	LABORER FATHER'S NAME	ODD	JUBS	14. MOTHER'S MAIDEN		O.D.A.
within 2 n pencil ii Examiner	og :		JOSEPH MADDEN				E HUNTER	
d w in p Exo	File	_	WAS DECEASED EVER IN U.S. ARMED FORCES?	16 500	AL SECURITY NO. 17.	INFORMANT	Address	
e executed pending" in ef Medical E	burial-transit permit. matian, ar remaval,	(Ye	s, no, ar unknawn) (If yes give war ar dotes	of service) 212	14 35 54 CL		VA HOSPITAL, FI	
ex end f Me	rem		18. CAUSE OF DEATH (Enter only one compart I. DEATH WAS CAUSED BY:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			INTERVAL BETWEEN
₽ : :Ē	ar		IMMEDIATE CAUSE		RE CERVICAL	SPINE C5		ONSET AND DEATH
shauld e ward a the Ch	a burial-tr		7000 DUE	TO				
s she v he v ta th	nat		Conditions, if any, which gave rise to immediate cause (a),	(b)				
d the	0 0		stating the underlying couse DUE	TO				
ertificate sh writing the warded ta t	as		last.	(c)				
0 - =	be used as ta burial,	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS (ONTRIBUTING TO D	EATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
ER: This certificate, ould be fa	d b	TIFIC	2Da. EXTERNAL CAUSE WAS	20b. DESCRI	BE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I or Part II af item 18.)	Long Long
certifi certifi ould les.	priar		PRIMARY □ ar CONTRIBUTING □ CAUSE OF DEATH.	FALL	DOWN STAIRS			
世 る 名 草	3 sh nt,	MEDICAL	2Dc. TIME OF INJURY Month, Day, Year Haur a.m. 1/23/ 15	7 While	Nat While Tall fac	CL OF INJURY (Hame, far pory/street, office bldg., etc		(County) (State)
execute ar. Page	P 20			OI WOIK		11110		
AL Bexeco	IRECTOR: Po		21. I certify that I taak charg				Inspection X, Inquiry	
e e e	Sign		death resulted fram: Natur	al causes [],	Accident 3, Sui	cide 🔲, Hamicide		ier
MESTA please ex director.	des		ACTUAL MASS	100	_/	CHIEF MEDICAL		22. DATE SIGNED
Y P	its		SIGNATURE	and	7		DICAL EXAMINER	
necessary, the funeral 5 may be r	TO FUNERAL DIRECTOR: Page Health or its designated age		EXAMINER'S NAME (Type) MELVIN B.				AL EXAMINER X BOLLY, BALL FOLLY)Md. 21	1222 2/24/67
O D D the	Hea Hea	230	BURIAL, CREMATION, 23b. DATE TH	EREOF 2	3c. NAME OF CEMETERY OR		23d. LOCATION (City or Town)	(County) (State)
-	P		REMOVALISPACITY) BURTAL 3-/-	-6/	BALTIMORE N		BALTIMORE,	MARYLAND
	1/2/		FUNERAL DIRECTOR RAYNER SA	NDERS	ADDRESS			RAR'S SIGNATURE
VK AT	5ME (5)	F	UNERAL HOME, 217 E.	Preston	Street, Bal	timore DATE F	FER 8 498767 20	world lugge

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and example tely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01873

U1010 Ttom #7 Film (F1388 1991)	E OF DEATH	1860
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before admission)
a. COUNTY	a STATE b, COUNTY	_
Baltimore County MARYLAND		_O - V
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	
Mount Wilson	Nanjemoy (Rur	al) 08-2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Mount Wilson State Hospital	d. STREET AODRESS	e. IS RESIDENCE ON A FARM?
		YES NO A
3. NAME OF First Middle	Last 4. OATE Month	Day Year
(Type or print)	Maddax OEATH 2	6 1967
	8. DATE OF BIRTH 9. AGE (In years IF UNOER)	
WIDOWEO DIVORCED	2 0 2 0 7	Oays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR	0 / 1/15.	TIZEN OF WHAT
during most of working life, even if retired) INOUSTRY	ΔΛ	UNTRY?
Kigger U.S.N.P.P.	Triary range	J. S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Henry Maddox	Maria Posex	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
No Zio Ja 112 Rec	cords, Mt. Wilson State Hosp	rital
18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND CEATH
PART I. DEATH WAS CAUSED BY: 15 Konchogeni	a Carcinoma	A .
11. 21		Tho,
conditions, If any, which DUE TO	asteres	
gave rise to Immediate	7,3-2	
cause (a), stating the DUE TO		
underlying cause last.) () (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELA Minimum al Pulmo 20a. ACCIOENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
Minimal Pulmo	nary Tuberculasis	YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of Injury In Part I or Part II of Item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
		4.) (04.54.5)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI	CE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bidg., etc.)	nty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI 19 While at work 19 at work 19 19 19 19 19 19 19 1		
21. I certify that (I) (this hospital) attended the deceased from	6. 14. 1966 to 2. 6, 196	Z, that (I) (we) last
	t death occurred at 235 M, from the causes and on the	
22a. SIGNATURE	1 22b. Dr	TE SIGNEO
1/1/1/2000	ATTENDING MED. STAFF	6.67
22c PHYSIONAN'S M.D	D. PHYS. DIRECTOR PHYS. 1 22d. AOORESS	0.67
NAME (Type)		
wm. Newcomer, M.D., Superintendent	Mount Wilson, Maryland	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		
Burral (Specify) Feb. 9, 1967 Nanjemoy Ba	aptist Nanjemoy, Charl	es, Md.
24. FUNERAL DIRECTOR/ ADDRESS /	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	
Reduction Vien Tel	Luta DATE/FEB 16 1967 KCha	rles Judas
I would have the	MILIA DATE/FED 10 136/	The state of the s

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Name Tewsonds, L.L., Supervintendent | Nount Wilson, Farytend | 1807 | Sunjanop Wilson | Markend | 1807 | Mar

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01874 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTYBaltimore o. COUNTY MARYLAND Maryland Baltimore b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give negrest tawn) Baltimore Baltimore 21204
d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? St. Joseph Hospital I674 Mussula Rd. YES NO X 3. NAME OF First Middle Last 4. DATE Month Year DECEASED Malthan February 4 Baby Girl 19 67 (Type or print) DEATH 8. DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Female White 2/3/67 WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done USA during most of working life, even if retired) INDUSTRY COUNTRY? Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Eleanor R. Clary Charles D. Malthan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknawn) (If yes give war or dates af service) Parents same None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Immaturity ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave (b) rise to immediate cause (a), DUE TO stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPS'
PERFOR MED? CERTIFICATION NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e. PLACE OF INJURY (Home, form, (Stote) 20d. INJURY OCCURRED (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Hour a.m. at wark fram Feb. 3, 1967, ta Feb. 4, 1967, that (I) (we) last and that death accurred at 9.25 My fram causes and on the date stated above. 21. I certify that (I) (this haspital) attended the deceased fram, saw the deceased alive an 22a. SIGNATURE STAFF Feb. 4 1967 M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 7620 York Rd. Jose S. Aguto Baltimore, Md. 2I204 23c. NAME_OF CEMETERY OR CREMATORY 23b. DATE THEREOF 2/6/67. 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) Holy Redeemer Cemetery Baltimore, Md. 25h. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR Leonard J. Ruck. Inc. Balto. Md. 21214 Williamley Judge

DATEFR

by the funeral Pages 1 and 2 naurs after death. CV 24 haurs after death. papers. Pages 1 nin 72 haurs after .⊑ campletely filled in nave carban papers event, within 72 2 3 be executed remave and in any ase an the death certificate crematian, or remova permit. signed by the burial-transit the that physician. ATTENDING PHYSICIAN: The law requires burial. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the haspital or attending has been stached far use as the Dept. af Health priar ta this certificate deti State TO FUNERAL DIRECTOR: After 3 shauld with the ed director, page shauld be filed

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

RTIFICATE OF DEATH	01875
2 USUAL PESIDENCE (Where deceased lived	

a. STATE b. COUNTY b. COUNTY
c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Baltimore
d STREET ADDRESS e. IS RESIDENCE
3204 Woodvalley Drive #8 ON A FARM? YES NO
Lost 4. DATE Manth Day Year OF DEATH February 9. 19 67
B. DATE OF BIRTH 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min
June 6, 1916
USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Baltimore, Maryland USA
14. MOTHER'S MAIDEN NAME
Bessie Horwitz
INFORMANT Address
Mrs. Frances Mazer, 3204 Wodvalley Drive #8
INTERVAL BETWEEN
deel entarchen ONSET AND DEATH
s, occ
(1)
JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
RED. (Enter noture of injury in Part I or Part II of item 18.)
PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.) (County) (State)
1966, to 2-9, 1967, that (1) (we) last
death accurred at 224M, from the causes and on the date stated above.
ATTENDING MED STAFF 22b. DATE SIGNED
M.D. PHYS. DIRECTOR PHYS.
22d. ADDRESS 2217 South Rd.
OR CREMATORY 23d. LOCATION (City, tawn, or caunty) (State)
Baltimore Maryland
25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
erstown DATE FEB 14 1961
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death, certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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1. PLACE DF DE a. COUNTY BE	ath llto. Co.		MARYL	AND	2. USUAL RESIDEN a. STATE Md				Salto.
b. CITY OR T write RUR Upper	DWN (If outside corporal AL and give nearest tow CO	te limits, (n)	c. LENGTH DF STAY		c. CITY OR TOWN (I	f outside rco	corporate limits,	write RURAL (and give nearest town)
d. NAME OF	HOSPITAL OR INSTITUTION	N (if not In ho	spital, give street ac	idress)	d. STREET ADDRESS	3			e. IS RESIDENCE DN A FARM?
Black	Rock Rd.				Black Roc	k Rd.			YES NO
3. NAME DF DECEASED (Type or prin	n Bertie		Middle J.	Mar	Last tin	4. DA DF DE		nth b. 5,	Day Year 19 67
5. SEX	6. CDLDR OR RACE	7. MARRIED	NEVER MARRIED	31	. DATE OF BIRTH		9. AGE (In year	IF UNDER 1	YEAR IF UNDER 24 HRS.
Female	White	WIDOWED	DIVORCED		May 31, 1882		84 yrs.	Months	Days Hours Min.
10a. USUAL OCCUP during most of we Housewi	PATION (Give kind of work orking life, even if retire	done 10b. KI d) IN	ND DF BUSINESS OR DUSTRY		Balto. C	C ST DES	tate, or foreign coun	CO	TIZEN OF WHAT UNTRY?
13. FATHER'S N					14. MOTHER'S MAI		E		J. D. R.
Joshu	a Armacost				Sara	h Th	ompson		
	ED EVER IN U.S. ARMED FO		OCIAL SECURITY NO.	. 17.	INFORMANT			ress	
NO NO	(If yes give war or dates o	f service) 217	7-48-1516	M	rs. Helen E	Bentz	Upperco	, Md.	
PART I. 4/22 Conditions, gave rise cause (a), underlying c	If any, which to immediate stating the ause last.	(a) Chron To Arte:	nic Myocar riosclerot	diti ic C	ardio Vascu				INTERVAL BETWEEN ONSET AND DEATH
ICATI	R SIGNIFICANT CONDITIO								19. WAS AUTOPSY PERFORMED? YES ND
2Da. ACCIDE DR CONTRIB (IF EITHER,	NT WAS UNDERLYING THE UTING TO CAUSE OF DEAN NOTIFY MEDICAL EXAMI	TH NER) 20b. D	ESCRIBE HOW INJUR		RRED. (Enter nature o	of Injury li	n Part I or Part I	I of Item 18.)	
Hour	p.m. 19	While at work	Not While at work	facto	E OF INJURY (Home, 1 y, street, office bldg.,	etc.)	f. (City or town)		no ==
21. I cei	tify that (I) (this hos	oital) attende	d the deceased fr	om_J	an. 26,	,			Z, that (I) (we) last
	deceased alive on F	eb. 3,	19 67 , a	nd that	death occurred at	1 AM	, from the cause		e date stated above.
22a. SIGNA	Leseph	9/3	who	e Milo		MED. DIRECTO	R STAFF PHYS.	2/6	TE SIGNED 167
	(Type) Joseph	E. Bush	M. D.		22d. ADDRESS 117	7 S. 1	Main Stre	et Hamp	ostead, Md.
23a. BURIAL, CR REMOYAL (Specify)		23c. NAME OF CE	METERY	OR CREMATORY	23d.		, town or cou	nty) (State)
Burral	Feb. 8	1967	Grace Ceme	eter	y 1050 DI	Ur FOLD BY S	egistrar 25b.	alto.	CO CHENATURE
24. FUNERAL D			ADDRESS		25a. KI	FFB 8	1967	REGISTRAR	
Tipton-	Eline Funer	al Home	Hampstead	i, M	DATE		1001		0

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01876 CERTIFICATE OF DEATH

- 1										
with 12 naurs after deding		PLACE OF DEATH g. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residen	ce befare admission)						
Ter		Baltimore, MARYLAND	Maryland							
s dr		b. CITY OR TOWN (If autside carparate limits, urite RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carparate limits, write RURAL and give							
ngc.		Towson	Baltimore	30-4						
7 90		d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?						
5		College Manor Nursing Home	321 Taplow Road	YES NO K						
		NAME OF First Middle DECEASED (Type or print) Miss. Pauline Regina Mathane		Day Year th. 19 67						
ny eve	S.		8. DATE OF BIRTH 9. AGE (In years last birthday) 10/12/1881 9. AGE (In years last birthday) 85 yrs.	Days Haurs Min.						
and In any	dur	. USUAL OCCUPATION (Give kind af wark dane ing most of warking life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CIT	TIZEN OF WHAT UNTRY?						
		stired - Buyer Stewart & Co.	Baltimore, Md. II	S.A.						
000		William F. Mathaney	Amanda Melvin							
E	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address							
, ar	(Ye	is, na, ar unknawn) (If yes give war ar dates of service) No 215-03-2504 Ho	wland S. Roberts, Sr.	(Same)						
nariar		18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	CEREBRI	INTERVAL BETWEEN ONSET AND DEATH						
cren		DUE TO		- 00 0014						
ig.		Canditians, if any, which gave) (b)								
000		rise ta immediate cause (a), DUE TO								
0 1		last. (c)								
and unio	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO						
. at He	CERTIFICATION	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Part II of item 18.)							
should be filed with the State Dept. at Health prior to Durial, crematian, ar remavol,	MEDICAL		CE OF INJURY (Hame, farm, lary, street, affice bldg., etc.)	unty) (State)						
e STO		21. I certify that (1) (this hospital) attended the deceased from_	July 13, 1906, to July , 190	2 /, that (1) (we) las						
E .		saw the deceased alive an 3 1967, and the	todeath accurred at 1 1: 1 OM, fram causes and an the A.M. 22b. D.	ATE SIGNED						
×		AJ Chalfant M.	ATTENDING MED. STAFF	61467						
De Tile		22c. PHYSICIAN'S NAME (Type) Dr. A. S. Chalfant	22d. ADDRÉSS 6210 York Road	/						
hould	230	Burial, (REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR 2/16/1967 Loudon Pa		(County) (State)						
M	24	FLINFPAL DIRECTOR ADDRESS	2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S S	Md.						
4) 17	H.	W.Jenkins & Sons Co. 4905 York Ro		rles Judge						

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages I and Page 4 may be retained by the hospital ar attending physician.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01877 CERTIFICATE OF DEATH l ond 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Baltimore Maryland Baltimore von popers. Poges I within 72 hours after MARYLAND c. CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give negrest town Latensville Arbutus e. IS RESIDENCE ON A FARM? __ d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS filled Summit Nursing Home NO 3 1232 Maiden Choice Lane YES | NAME OF Middle Last Day Year DECEASED Pauline K. Matthiesen DEATHFebruary 26 (Type or print) 1967 100 9. AGE (In years last birthday) S SEX IF LINDER 1 YEAR 6. COLOR OR RACE B DATE OF BIRTH IF LINDER 24 HRS 7. MARRIED NEVER MARRIED 9 Manths Days Haurs Female White WIDOWED DIVORCED 7-4-1890 76 yrs ond in o 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or foreign cauntry) 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife INDUSTRY COUNTRY? Maryland U.S.A 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, cremotion, or removol, Ferdinand Krahn Katherina Snyder Address Choice Lane 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates af service Mr. Frederick W. Matthiesen, 1232 Maiden 18. CAUSE OF DEATH (Enter only one cause per tine for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a). DUF TO stating the underlying cause os the prior ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TERMINAL DISEASE WAS AUTOPSY PERFORMED? of Health NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Caunty) (State) Haur a.m. While Nat While factory, street, office bldg., etc.) at wark I certify that (1) (this haspital) attended the deceased fram director, page 3 should should be filed with the and that death accurred at AMM, fram causes and an the date stated above saw the deceased alive an 22a. SIGNATURE 22b. DATE/SIGNED DIRECTOR ADDRESS 22c. PHYSICIAN'S AME (Type) Dr. John C. Healy 1311 Francis Ave. Balto. Md. 21227 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BYOKA (Apecify) 3-1-1967 Baltimore, Maryland Western Cemeterv

within letely fi be executed physician ten pleose certificate ATTENDING PHYSICIAN: The low requires that the death signed by the buriol-tronsit Poge 4 may be retained by the hospitol or ottending has been **DIRECTOR:** After this TO FUNERAL

hours after

VR A15 (4) 25M 1/67

24. FUNERAL DIRECTOR

HOWARD H. HUBBARD, 4107 Wilkens Ave. 21229

ADDRESS

2Sq. REC'D BY REGISTRAR DATE MAR

2Sb. REGISTRAR'S SIGNATURE

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

- ~			0187	R		CERTI	FICATE	OF	DEATH			ſ	187	4
requires that the death certificate be executed within 24 haurs after death. 3 physician. is signed by the attending physician and campletery filled in by the funeral burial-transit permit. Then please remave carbon papers. Pages I and 2 burial-transit permit, and in any event within 72 haurs after death.			PLACE OF DEATH o. COUNTY	Baltimore		MA	RYLAND			(Where deco	eosed lived, if institu b. COI		before odm	ission)
haurs after a by the face. Pages haurs after			b. CITY OR TOWN (II	outside corporote limi	ts,	c. LENGTH OF STAY	/ IN 1b	c. CITY	OR TOWN OF	outside corpo	yland write R	URAL ond give i	neorest town	1)
iin 24 hau filled in b papers. thin 72 ha	10			Grove Stat				d. STRE	201 F	Ridgle	y Road		e. IS R ON YES [RESIDENCE A FARM? NO [
campleter fi			NAME OF DECEASED (Type or print)	Gr	ace	Middle	N	layer	Lost	4. DATI	Feb	ruary		Year 67
and camplet remave can			sex emale	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRI			OF BIRTH -23-27		9. AGE (In yeors lost birthdoy) yrs.	Months ['EAR IF UN Doys Hou	NDER 24 HR Urs Min
icate be ex sician and please rem il, and in an			. USUAL OCCUPATION ing most of working I Housew			ND OF BUSINESS OR DUSTRY		11. BIF	Maryla Maryla		foreign country)	12. CITIZ	EN OF WHA	ī
th certifica ling physic Then ple remaval, o		13.	CATHED'S MASSE	John M. Ga	111oway	Miles			Grace	B. Bu		8-7-L		
te death certificate b attending physician permit. Then please ian, ar remaval, and i			WAS DECEASED EVER is, no, or unknown) NO	R IN U.S. ARMED FORCES? (If yes give war or dotes	of service)	SOCIAL SECURITY NO. 214-24-00	10 17. I	NFORMA Recol	rds: Sp	ring	Grove Sta	ate Hos	pital	
that the d an. by the att transit per			1B. CAUSE OF DE PART I. DEAT	ATH (Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE	use per line for		sej.		statu	es e	prilepl	icus		BETWEEN ND DEATH
equires the physician. signed by burial-trar			345 X Conditions, if ony,	which gove	(b) de	ullipe	e f	rle	rose	7				
e law requir tending phy as been sign as the buri priar to buri			rise to immediate stating the under lost.		E TO (c)	,								
The had	3	ATION	PART II. OTHER SIG	SNIFICANT CONDITIONS	CONTRIBUTING 1	TO DEATH BUT NOT R	ELATED TO T	HE TERM	INAL DISEASE C	ONDITION G	IVEN IN PART 1(o)		19. WAS PERFO YES	AUTOPSY ORMED? NO [
many them have		CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	☐ CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY	OCCURRED.	(Enter no	ture of injury i	in Port I or F	Port II of item 1B.)			
		MEDICAL	20c. TIME OF INJU Hour o.m p.m	10	While			ory, street	URY (Home, fo		0.30	(Coun	ty)	(Stote)
ATTENDING stained by the CTOR: After shauld be d				y that (1) (this ho			d from , and tho		occurred		M, from causes		_, thot (I dote sto) (we) l
y be retaily be retail. DIRECTC age 3 shoffled with			22o. SIGNATURE	Stella	Wac	lister	M.C	PHY		MED. DIRECTOR	STAFF PHYS.	22b. DAT	SIGNED /	167
AL PO	1		22c. PHYSICIAN'S NAME (Type)	Stella W	Tachsle:	r,M.D.		220	d. ADDRESS			/		
Page 4 m O FUNER director, shauld b			BURIAL, CREMATIO REMOVAL (Specify) Burial			23c. NAME OF CE					Baltimore		ounty)	(Stote)
	. 0		FLINERAL DIRECTOR			ADDRESS			2So RF	C'D BY REGI	STRAR 25h	REGISTRAR'S SIG	NATURE	

Wm. Cook-Brooks, Inc. 1217 St. Paul St. Balto.

VR A15 (4) 20 M 1/66

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	Name of the Street, and			
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 20M 5-63

	MARYLAND STATE DEPARTME	ENT OF HEAL	TH
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. P	PRESTON STREET	, BALTIMORE 1, MARYLAND
01880	CERTIFICATE OF D	EATH	01876

01880	CERTIFICATE	OF DEATH	018	76
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where	deceesed fived, If Institution: R	esidence before admission)
*. COUNTY Baltimore	MARYLAND	. STATE Marylan	d. b. COUNTY	
b. City OR TOWN (if outside corporete limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside of	orporate limits, write RURAL end	give neerest town)
Towson	3 Mo.	Baltimo	re	30-4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp		d. STREET ADDRESS		IS RESIDENCE ON A FARM?
Presbyterian Home		Hopkins	Apts.	YES NO
3. NAME OF DECEASED (Type or print) Clare B/	Middle	Cance 4. DAT	B Month	1967
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B.	. DATE OF BIRTH	9. AGE (In years IF UNDER 1	
Female White WIDOWED	~ T	an. 30,1881	8 last birthday) Months [Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & Stete,	or foreign country) 12. CITI	ZEN OF WHAT COUNTRY?
Housewife	Home	Pennsylvania	11	.S.A.
13. FATHER'S NAME	2.00	14. MOTHER'S MAIDEN NAME		
Will Brothers		Nellie Waddi	ngton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17. I	NFORMANT	Address	
(Yes, no, or unkown) (If yes give wer or detes of service)	Re	cords of Presb	vterian Home	of Md.
18. CAUSE OF DEATH [Enter only one cause per lin			U.	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Acute	e Pulmonary Ed	ema		ONSET AND DEATH
1110	o i dilibrimi ji isa	The state of the s		
DUE TO		ardiovascular Dis	00.00	7700000
Conditions, if any, which geve rise to immediate cause	rioscieroric C	arotovaseutar Dis	ease	years
(e), steting the underlying DUE TO				30° N/H 300
cause lest. (c)				
Z PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED?
Abemia⇔ etiolog	y undetermined			YES NO
Abemia etiolog 20a. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (If ETHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter neture of injury in Part I or P	ert II of item 1B.)	
Y 20s TIME OF INITIPY Month Day Year 1 20d IN	NJURY OCCURRED 1 2Do. PLA	CE OF INJURY (Home, ferm, † 20f. (C	City or town) (Coun	ty) (Stete)
Hour a.m. While et work	Not While fects	pry, street, office bldg., etc.)	(000)	(3.0.0)
21. I certify that (i) (this cost) attend	ed the deceased from	6-4-66 19	02-186719	that (1) (3/200 last
saw the deceased alive on 2= 15 =		death occurred at 1. p. Mire	om the causes and on the	e date stated above
22e. SIGNATURE	M.	ATTENDING MED.	STAFF PHYS.	2-18-67 SIGNED
22c. PHYSICIAN'S	M.	22d. ADDRESS		
NAME (Type) S.J. Venable, Jr	. M.D.	7215 York R	oad, Bal timore	, Mad 21212
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d. LC	CATION (City, town or county) (Stata)
Burial 2-21-67	Woodlawn	Wo	odlawn, Mary	land
Mitchell-Wiedefeld Home	e, Inc.	25a. REC'D BY REG	ISTRAR 256. REGISTRAR'S S	IGNATURE
/ × 0 0 **	more. Md.	DATEFE 24	1987 yours	e years
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	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET,	BALTIMORE 1, MARYLAND
01881	CERTIFICATE OF DEATH	01877
PLACE DF DEATH	I tem 5 Film 6305 112/ USUAL RESIDENCE (Where decea	sed lived. If institution: Residence before

U1001 CERTIFICA		877
1. PLACE DF DEATH I TEM 5 Film 6385	2/ USUAL RESIDENCE (Where deceased lived, If institution: Re	esidence before admission)
a. COUNTY BALTIMORE MARYLAN	a, STATE MADY AND b. CDUNTY	LTIMORE
b. CITY DR TOWN (if outside corporate limits, c. LENGTH OF STAY IN	1b c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
write RURAL and give nearest town) 70WSON 18 Hours		and 121
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addre		e. IS RESIDENCE ON A FARM?
GREATER BALTIMORE MEDICAL CENTER	. Box 660 HARFORD ROAD	YES NO S
3. NAME DF First Middle McC DECEASED (Type or print) DOROTHY ELAINE	MY CARTHY DEATH FEBRUARY	Day Year / 1967
5. SEX 6. CDLOR DR RACE 7. MARRIED NEVER MARRIED	7 8. DATE OF BIRTH 9. AGE (In years IF UNDER	
FEMALE CAUCASIAN WIDDWED DIVORCED	6-27-1915 last birthday) Months	Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN DF WHAT
during most of working life, even if retired) HOUSEWIFE INDUSTRY	BALTIMORE, MARYLAND	U.S. A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	42.7
ERNEST G. STANSBURY	ANNA GUYER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service)	Son	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: CONGESTIVE H	EART FAILURE	ONSET AND DEATH
MINIEDIATE GAOSE (a)	1//10/	0 200-
HIGH DUE TO PHENN MAN HE	DOT NICKMEN	32+ YRI
Conditions, If any, which (b) KITEUMIANC HE	MICI DISCUSE	- 1,001
cause (a), stating the DUE TO		
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT F 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY O	OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.	
DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
P	PLACE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
20c. TIME DF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. Hour a.m. While at work at work at work	actory, street, office bldg., etc.)	(0,210)
21. I certify that (I) (this hospital) attended the deceased from		•
	that death occurred at 11:157 M, from the causes and on the	
22a. SIGNATURE	ATTENDING MED. STAFF	ATE SIGNED
12 Kampmanganam	M.D. PHYS. DIRECTOR PHYS.	-10-1961
22c. PHYSICIAN'S E.K.S. NARAYANAN, M.S	D., GREATER BALTIMORE MED. CENTER	70WSON,
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEME	TERY OR CREMATORY) 23d LOCATION (City, town or cou	nty) (State)
BURIAL (Specify) 2-13-47 MERICIAND		MI).
24. FUNERAL DIRECTOR ADDRESS	L 25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
Chas F EVANS & SON 8802 HART	20 4 18	
ואויון - עיט ייטר דינודין אוריון	024 (CLDATE F-C 1 / 1007 M/-	1.0

VR AIS (4)

House Wife

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PRINCE GLEN ARM , MARRYLING

GLEGATOR BALTIMORE MARKER COUTER. For 660 HARFORD ROAD

TORONAY ELALME MECAKTHY FEBRUARY 10

FEMILE CAUCIFIN 6-27-1915 51

ZHLTZINORE - MIR YLAND BLUEST & STRIVEBURY ANNA GUYEK

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E. K. S. MERHANN, M. D., GROWER BALTIMBE MED. GENTLE . NO. 21200

ofter death

within 24 hours

executed

certificate

death

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ATTENDING PHYSICIAN:

OR

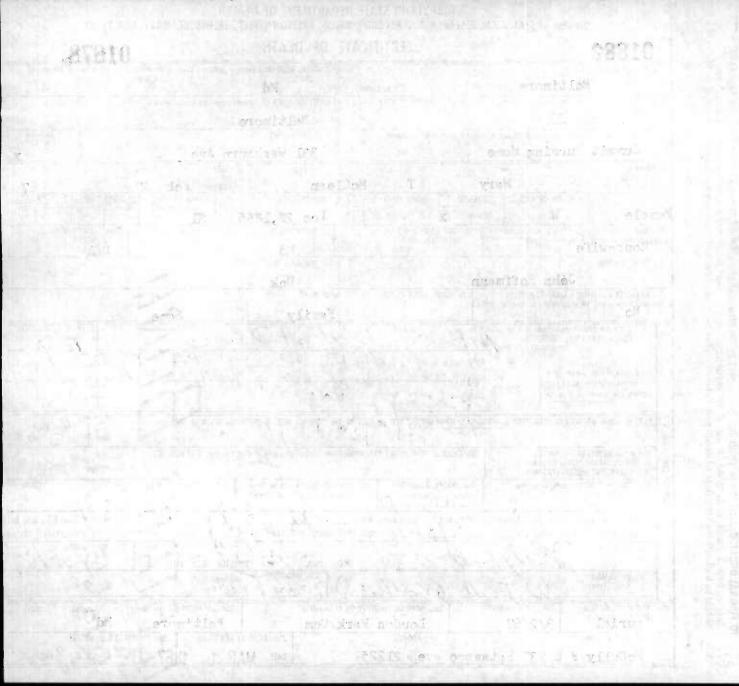
O HOSPITAL

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attending

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0 he funeral ges 1 and 2 after death: 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Baltimore MARYIAND b. CITY OR TOWN (If autside carparate limits. CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give negrest town) write RURAL and give nearest town) ve carbon papers. Pag event, within 72 hours Baltimore .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled Summit Nursing Home 331 Washburn Ave YES | NO F pou 3. NAME OF kampletely f ave carbon First Middle Last 4. DATE Manth Day Year DECEASED Mary McCl ean (Type or print) Feb 19 67 DEATH S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH refinave lost birthday) Months Davs Hours and in any Female WIDOWED DIVORCED Dec 28.1885 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY MdTISA physicile en plec 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaval John Hoffmann Unk 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address permit. (Yes, no ar unknown) (If yes give war ar dates af service) Б Same Family crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b). INTERVAL BETWEEN signed by the burial-transit burial, cremati PART I. DEATH WAS CAUSED BY ONSET AND DEATH Conditions, if any, which gave rise to immediate cause (o). DUE TO stating the underlying cause been s the prior to last SD WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU PELATED TO THE TERMINAT DISEASE CONDITION GIVEN IN PART 1(a) USe Health NO certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 ar Part II af item 18.) detached for the Dept. of F OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, this (City or town) (County) (Stote) factory, street, affice blda., etc. Hour o.m Nat While While State [After ot wark ot work pe 21. I certify that (I) (this haspital) attended the deceased from shauld TO FUNERAL DIRECTOR: M. from causes and on the date stated above. and that death occurred atsaw the deceased alive an with 220. SIGNATURE 22b. DATE SIGNED MED **ATTENDING** STAFF directar, page 3 should be filed v M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type 23d. LOCATION (City or Town) BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) (County) 3/2/67 Md Loudon Park Cem Baltimore ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR VR A15 (4) McCully F H 237 Patapsco Ave 20 M 1/66



1201

	Division	of STATISTICAL	RESEARCH	AND	RECORDS,	301	W. P	RESTON	STREET,	BALTIMORE,	MARYLAND	2
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.	dire sho
	To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral second director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 second be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 21 haurs after death.

01000	CERTIFICATE	OF DEATH		01879
1. PLACE OF DEATH			here deceased lived, if institution	
o. COUNTY Baltimore	MARYLAND	o. STATE Maryl	and b. COUNT	Y
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If aut	side corparate limits, write RURA	AL and give nearest tawn)
Owings Mills	7 yrs.	Balti	more	30-1
d. NAME OF HOSPITAL OR INSTITUTION (If nat in hasp	ital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Rosewood State Ho		3437	Edmondson vAve.	YES NO SC
3. NAME OF First	Middle	Last	4. DATE Month	
(Type or print) Derrick		McCLOUD	DEATH 2	16 19 67 IF UNDER 1 YEAR 1 IF UNDER 24 HRS.
S. SEX 6. COLOR OR RACE 7. MARI	THE REAL PROPERTY OF THE PARTY	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Haurs Min.
Male Negro WIDO'	WED OIVORCED OIVORCED OB. KIND OF BUSINESS OR	11-20-55	11 yrs.	12. CITIZEN OF WHAT
during mast of working life, even if retired)	INDUSTRY		State, or fareign country)	COUNTRY?
Dependent 13. FATHER'S NAME	none	Baltimore 14. MOTHER'S MAIDEN N.	, Maryland	U.S.A.
Walter Osborne 15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	Annette M	CCLOUG	,
(Yes, na, ar unknawn) (If yes give war ar dates of service)				
18. CAUSE OF DEATH (Enter only one cause per in	~ ~	KOSEWOOD STA	te Hosp., Owin	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY-	ute lumquer 1	Congestion	Ledoma	ONSET AND DEATH
334X IMMEDIATE CAUSE (a) DUE TO		Congara		1
Canditions, if any, which gave) (b)	erebral ba	lema		hours
rise to immediate cause (a), stating the underlying cause	1-	0		
last. (c)	indeter mine	d		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL OISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH UTSTHIPPE NOTIFY MEDICAL FYAMINED				YES NO
20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature af injury in P	ort I or Part II af item 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)				
Hour a.m.	Od. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Hame, farm, ary, street, affice bldg., etc.)	20f. (City ar tawn)	(Caunty) (State)
p.m. 17	wark 🗀 at wark 🗀	8 6	750 - 2-15	10 67 1 . 80 () 1
saw, the deceased glive on 2			59, to 2-16	, 19_67, that (A) (we) last ind on the date stated above.
220. SUNATURI	17 <u>87</u> , dild lild	r dealir decorred di_	TO ITAL, ACCUMENTAGES OF	22b. DATE SIGNED
lichard 1 =	ones M.	D. PHYS.	MED. DIRECTOR D STAFF PHYS.	17 Feb 67
22c. PHYSICIAN'S NAME (Type) Richard	Jones	22d ADDRESS OSe W	ood Stake	Hosp.
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Tow	
BRY044 (pecify) 2/21/67	Rosewood Ce		Owings Mil	
24. FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D	D 9 7 4007 /	ISTRAR'S SIGNATURE
J. F. Eline & Sons Reis	terstown, Md.	DATE	D 2 (1961)	

diverged and the first that the part of the first see Callegrey, Callegrey Tipe fillstill one book all the mail . Other will a port and Gelengen of Can occion & colone 2-201 LONG LOS WOOD Stales Hosp.

FOR STATE HEALTH DEPT.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health ar its designated agent, priar ta burial, crematian, ar remaval, and in any event within 72 hours after death.

delay is P.M3. Page Five Pages 1, 2, and 3 to g with farm This certificate shauld be executed within 24 haurs after death. If necessary, please execute the certificate, writing the word "pending" in pencil in Iterative function director. Page 4 should be farwarded to the Chief Medical Examiner's Office

TO DEPUTY MEDICAL EXAMINER:

5 may be retained far your files.

VR A15ME (5)

d

MARYLAND STATE DEPARTMENT OF HEALTH

1	Division of ST	ATISTICAL RESEAF	RCH AND RECORD	S, 301	W. PRESTON STREE	T, BALTIMORE, MARYL	AND 21201	
	01884	MEDI	CAL EXAMINE	R'S C	ERTIFICATE OF	DEATH	0100	10
1.	PLACE OF DEATH O. COUNTY BATT	MORF	MARYLA		o. STATE MI	here deceased lived, if institution b. COUN	BALT	ols admission)
	b. CITY OR TOWN (If outside corporativities RURAL and give nearest tow	e limits,	2 LENGTH OF STAY IN	il.	- Andrews	ide corporote limits, write RUR US a N	AL ond give neon	est town)
	13	(If not in hospitol, give BRIDGE	creat oddress)		8200 CI	ARR BRIDE	£ Ci	e. tS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) TOHW	First STAN	Wey Middle Mc		Lost	4. DATE Month OF DEATH FEB	1	1967
	SEX 6. COLOR OR RAI	WIDOWED [NEVER MARRIED DIVORCED	8.	1-6-24	9. AGE (In yeors lost birthdoy) Yrs.	Months Doys	
du	o. USUAL OCCUPATION (Give kind of work ring most of working life, even if retired) Mamager I. FATHER'S NAME		D OF BUSINESS OR USTRY Smith Corp	P.	11. BIRTHPLACE (Stote of Lancaster 14. MOTHER'S MAIDEN NA	Pennsylwania	12. CITIZEN COUNTRY	?
	John Huston McCo	llough			Edythe Jo	hns		
15	. WAS DECEASED EVER IN U.S. ARMED FO	RCES? 16. SO	OCIAL SECURITY NO.	17. IN	FORMANT	Addres	is	Rd.
(1	'es, no, or unknown) (If yes give wor or WWII	197	-07-9173	Mrs	Julie Stan	ley McCollough	h 8200 C	Carrbridge
	1B. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE 14 4 5 X Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last.	Y: CAUSE (a) CERE	EBRO-VAS		AR ACCI	DENT		TERVAL BETWEEN INSET AND DEATH 7 VRS
CATION	PART 11. OTHER SIGNIFICANT CONDITI	IONS CONTRIBUTING TO	DEATH BUT NOT RELAT	ED TO TH	E TERMINAL DISEASE COND	HTION GIVEN IN PART 1(o)	1	PERFORMED? YES NO
MEDICAL CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	20b. DESC	RIBE HOW INJURY OCCU	JRRED. (E	nter noture of injury in Po	ort I or Port II of item 18.)		
MEDICA	20c. TIME OF INJURY Month, Doy, Y Hour o.m. p.m.	Yeor 20d. INJU While of work	URY OCCURRED 20 Not While of work		OF INJURY (Home, form, y, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
	ACTUAL Bladder	charge af the remo	-	ve, held Suicid	e, Hamicide CHIEF MEDICAL E		/	d in my apinian 22. DATE SIGNED
	EXAMINER'S NAME (Type) WILLIAM	n A. PIL	-LSBUR	/	M.D. ASSISTANT MEDICAL DEPUTY MEDICAL Address (Street)			2-1-67
1	REMOVAL (Specify) Burial 2/3	TE THEREOF	23c. NAME OF CEMETE Dulaney V		EMATORY y Cemetery	23d. LOCATION (City or Tow Timonium, Ma	,	ly) (Stote)
2	4. FUNERAL DIRECTOR		ADDRESS		2So. REC'D	BY REGISTRAR 2Sb. REG	GISTRAR'S SIGNATU	JRE
Wi	n. Cook-Brooks To	wson 1050	York Rd. 2	1204	DATEB	1967 /	arces for	way.

be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours ofter death.

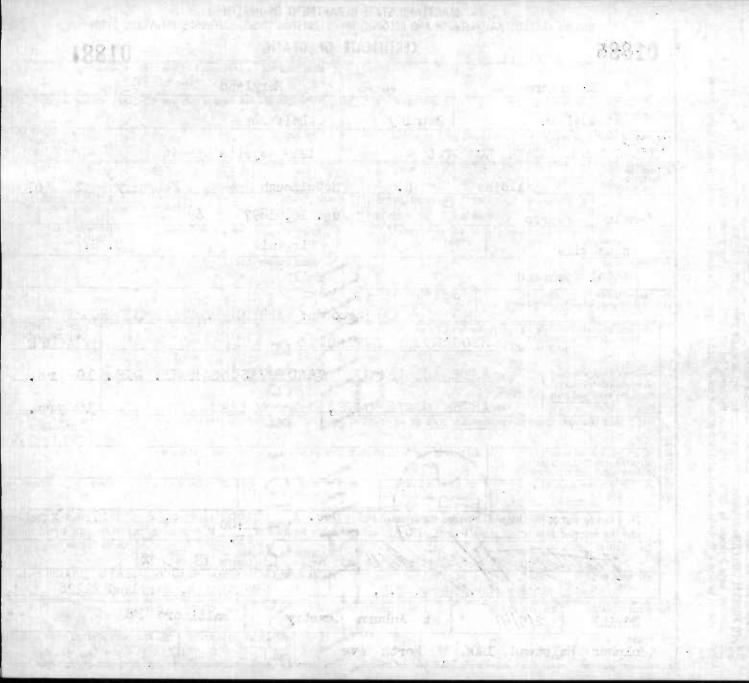
VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or ottending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	01885			CERTII	FICATE	OF DEATH			01	881		
1.	PLACE OF DEATH o. COUNTY	Baltimore		MAR	YLAND	2. USUAL RESIDENCE (o. STATE Mary	Where deced	osed lived, if institu b. COU		nce befar	e odmissi	on)
	b. CITY OR TOWN (If autside corparate limit	rs,	c. LENGTH OF STAY	1N 1b	c. CITY OR TOWN (If or	utside corpar	rote limits, write RU	RAL ond giv	e neores	t tawn)	-1
		d give nearest town)		2mthldy		Baltimo	ore			Pine.	30-4	
		AL OR INSTITUTION (If n				d. STREET ADDRESS					e. IS RESI ON A F	ARM?
	SPRING GI					1219 Faj						NO L
3.	NAME OF DECEASED		irst	Middle		Lost	4. DATE OF	Mon		Doy		ar
c	(Type or print) SEX	6. COLOR OR RACE	dine	D.	1	McCullough DATE OF BIRTH	DEATH	9. AGE (In years	uary TiFUNDER	1 VEAD	IF UNDE	67
٥.			7. MARRIED WIDOWED	NEVER MARRIE		ug. 16, 189		Jast birthday)	Manths	Days	Hours	Min.
100	female	Negro (Give kind of work done		IND OF BUSINESS OR	D L	11. BIRTHPLACE (County		- 7	12 (1	TIZEN OF	WHAT	1
dui	ring mast of warking house	life, even if retired)		NDUSTRY		Virginia	9	oreign country)		UNIRY?	TTIM	
13.	Pather's Name Danie	L Townsend			12	14. MOTHER'S MAIDEN Emily	NAME					
15	. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. 1	NFORMANT		Addr	ess			
(Y	es, na, ar unknawn)	(If yes give war ar dotes	of service)		Rec	ords: SPRI	TMC C	ROVE ST	ATE 1	u og p	ITAL	
	Canditians, if any rise ta immediat stating the under	, which gove e couse (o),	(b) <u>ART</u>	CARDIAL : ERIOSCLEI ERIOSCLEI		C VARDIOVA			DIS.	10		5.
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE CO	NDITION GIV	/EN IN PART 1(o)			WAS AUT PERFORM	OPSY NO
MEDICAL CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DI	ESCRIBE HOW INJURY O	OCCURRED. (Enter noture of injury in	Port I or Po	ort II of item 18.)				
MEDICAL	20c. TIME OF INJI Hour o.r	10	20d. I While at wor	NJURY OCCURRED Not While		E OF INJURY (Home, form ory, street, office bldg., etc.		(City or town)	(Co	unty)		(Stote)
		fy that (#) (this ho	spital) otten	ded the deceased	from_ ond that	Dec . I death occurred at	1966	ta <u>Feb. 2</u> M, from causes	and on t		at (X) (e stated	
	22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type	Mulmy	14h	Houng, M.D	LO M.C	22d. ADDRESS	MED. DIRECTOR PRING Baltin	STAFF PHYS. GROVE	STAT		OSPI	TAL
230	BURIAL, CREMATIC	23b. DATE TH		23c. NAME OF CEN		rematory Cenetry	23d L Ba	OCATION (City or To	Md	(County)) (5	Stote)
24	4. FUNERAL DIRECTO		adas	ADDRESS North	Ave		D BY REGIST	1987 25b. R	egistrar's :			ak.



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1997

	01886			C	ERTIFIC	CATI	E OF DEAT	Н	1	OTO	34		/
1.	PLACE DF DEAT	н					2. USUAL RESIDE	NCE (Where det	eased lived, If in	stitution: Res	idence b	efore ad	lmission
		BALTIMO	RE		MARYL	AND	a. STATE	MARYLAI	D b. cour	All			
	b. CITY OR TOW	/N (if outside of and give near	corporate limits,	c. LEN	GTH OF STAY	IN 1b	c. CITY DR TOWN	(If outside cor	porate limits, wi	ite RURAL e	nd give	neares	t town
	FORT HO	WARD, M	ARYLAND	2	3 DAYS		I	BALTIMOR	RE		30	2.4	
	d. NAME OF HO	SPITAL OR INS	TITUTION (if not	in hospital,	give street ad	dress)	d. STREET ADDRES	S		1-1-1-1	0.	IS RES	IDENC
	VETERAN	S ADMIN	ISTRATIO	N HOSP	ITAL		804 W. I	PRATT ST	REST		YE	s	NO X
3.	NAME OF DECEASED		First		Middie	(Ma	Gimsor)	4. DATE	Mont	h	Day	Yea	ır
	(Type or print)		CONLEY		W.	MC	Gimsey)	DEATH	4	RUARY	5	19	67
5.	SEX	6. COLOR OR	RACE 7. MARR	RIED NE	VER MARRIED	K 8	B. DATE OF BIRTH	9.	AGE (In years last birthday)	Months I		FUNDER Hours	R 24 HR
	MALE	WHITE	WIDOV			□ IMA	IRCH 3, 189		At yrs.				
10a dur	. USUAL DCCUPAT	flon (Give kind ling life, even i	of work done 10 if retired)	b. KIND DF INDUSTR	BUSINESS OR		11. BIRTHPLACE	(County & State,	or foreign country	() 12. CIT	IZEN OI JNTRY?	WHAT	
	OK		AM	USEMEN	T MACHI	NE C		VION, N.	C.	U.	S.A.	,	
13.	FATHER'S NAM	ΙE				(in the	14. MOTHER'S MA	IDEN NAME					
	MALLITW	MC GIM	PSEY				ADA CO	ONLEY					
(Ye	. WAS DECEASED es, по, or unkown)	(If yes give war	or dates of service)	16. SOCIAL	SECURITY NO.	17. Mr	INFORMANT Richard	G. Liss	Addre		t S	t.	
Y	ES	I WW I		217 16	31 05		IN RECORDS	VA HOS	PITAL.		ARD,	MD	•
			only one cause p				TWOMA OF D	TOUR TH	וות דוד מור			VAL BET T AND [
	PART I. DI	EATH WAS CAU IMMEDIATE	CAUSE (a)				INOMA OF R				TINK	NOWI	V
	1601		DUE TD	METASI	CASES IV	U RE	GIONAL LYM	PH NODE	0		OIVI	110111	
	Conditions, if gave rise to		(b)								1.45		
	cause (a), s	tating the	DUE TO										
2	underlying caus		(c)	DIBLITING TO	DEATH BUT NO	OTDELA	TED TO THE TERMINA	I DISEASE CON	DITION CIVEN IN	PART 1(a)	119. 1	WAS AU	TOPSY
ATIC			EART FAI		DEATH DOT N	O I IVEL	TED TO THE TERMINA	E DIOLAGE GOIL	PITTO (I GIVEN III	77.111 2(0)		PERFOR	
IFI0					RE HOW INJUR	Y OCCII	RRED. (Enter nature	of Inlury In Pa	ert I or Part II	of Item 18.)	TES	1	MD _
CERTIFICATION	20a. ACCIDENT OR CONTRIBUT (IF EITHER, ND	ING CAUSE	OF DEATH	o. DEGORIE	DE HOW HISOK	. 0000	MILD, (LINE) HOLO	or mjury m r		, , , , , , , , , , , , , , , , , , , ,			
	20c. TIME OF			od. INJURY (OCCURRED 120	De. PLA	CE OF INJURY (Home,	farm. 20f.	(City or town)	(Coun	ty)	(8	State)
MEDICAL	Hour a.	m.	W	hile - No	t While	facto	ry, street, office bldg.	, etc.)		11060			
Σ		m.			work		1/13/67	19 . to	2/5/67	. 19	_, tha	+2(1) (1)	uo) 130
		ceased alive	is hospital) att	5/67	oeceased in	nd that	death occurred a						
	22a. SIGNATU		1	1	, ai	Tu that	death booth ou a	1117	viii tiio ouusos	22b. DA			dobte
	X	1-00	ton 8 d	Lak	me	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	1 2	2/7/	67	
	22c. PHYSICI/ NAME (T		HELDON E.	KALM	JTZ. M.	Th	22d. ADDRESS						
	MAINE (1	10 1941				7.			VARD, MA				
23a	BURIAL, CREN	acify)	DATE THEREOF	23c.	NAME DE CE	MÉTERY	OR CREMATORY	23d. LC	CATION (CIty, t	own or cour	ity)	(St	tate)
_	BURIA	L 2.	-9-67		BALTIM	ORE	NATIONAL			MD.	0104:0	Titor	
24	. FUNERAL DIRI	ECTOR			ADDRESS	VIELD V	T TOME -	REC'D BY REGI	STRAR 25b. R	EGISTRAR'S	SIGNA	TURE	
1				A4 T' -	TAILE LO.	TATPLE	LL HUME DATE	BB	HOU!		1	0	

VR AIS (4) (1) 20M 1/65

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01887 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE MARYLAND a COUNTY b. COUNTY BALTIMORE BALTIMORE MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) write RURAL and give nearest town) FORT HOWARD 129 DAYS BACHT MORE! # DUNDALK e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 3304 CORNWALL ROAD VETERANS ADMINISTRATION HOSPITAL YES NO X 3. NAME OF First Middle 4 DATE Month Dov Year DECEASED 18 (Type or print) ELMER MC KENNA DEATH FEBRUARY 19 67 S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthdoy) Days Hours WIDOWED DIVORCED DEC. 6, 1914 MALE WHITE 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Observer- Steel Mifer. Metalurigic BALTIMORE, MARYLAND II.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOSEPH MC KENNA GERTRUDE LERCH 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) WW-11 215 03 75 VET ADM HOSP FT HOWARD MARYLAND CLIN REC IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN DAYS AND DEATH PART I. DEATH WAS CAUSED BY BRONCHOPNEUMONIA, TERMINAL IMMEDIATE CAUSE (o) DUF TO 18 MONTHS Conditions, if ony, which gove METASTATIC CARCINOMA OF GROINS (b) rise to immediate cause (a). DUE TO stating the underlying couse lost. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION PERFORMED? NO 20g, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour o.m. Not While foctory, street, office bldg., etc.) of work 21. I certify that A (this haspital) attended the deceased from OCT. 12 __19_67, and that death accurred at 00 to FEB. 1967, that M (we) last saw the deceased alive an FEB. 18. D. M. fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S ATTILIO A. CERALDI, M. D. NAME (Type) VET. ADM. HOSP., FT. HOWARD, MARYLAND 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) BURTAL (Specify) 6 HOLY REDEEMER CEMETERY BALTIMORE. MARYTAND 24. FUNERAL DIRECTOR Brook Bradley 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE unvely DATFEB 23 196 Willow Spring Rd.

by the funeral Pages 1 and 2 naurs after death. 24 haurs after death and campletely filled in by the remave carban papers. Pagin any event, within 72 haufs executed within physician the death the signed by the burial-transit p burial, cremation requires that attending has been this certificate the haspital TO FUNERAL DIRECTOR: After be retained Page

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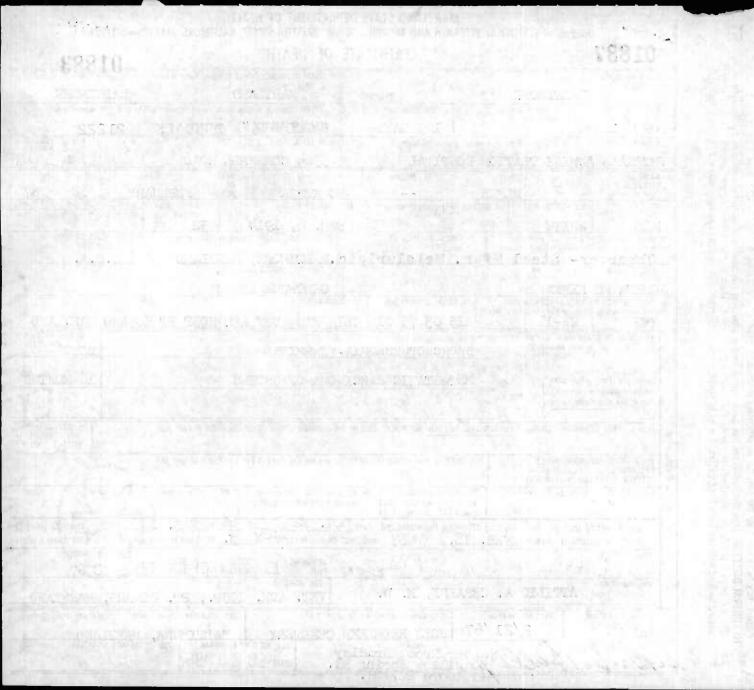
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director, page shauld be filed



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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01888
CERTIFICATE OF DEATH
01884

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. COUNTY B	a. STATE b. COUNTY
Callendre MARYLAND	
b. CITY DR TOWN (If outside corporate limits, i.e. LENGTH DF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neapest town)
Towson - 4	1195. 71/AIN ATSOUT 1201to
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS /) e. IS RESIDENCE
H. T B -N. S. I D T	ON A FARM?
Freeler Balto. Mel Center	YES NO W
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) HAROLD NMN	McVEY DEATH Feb 17 1967
5 SEV CONTON ON DAGE 1	B. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS.
6. COLOR OR RACE 7. MARRIED NEVER MARRIED	last birthday) Months Days Hours Min.
WIDDWED DIVDRCED	3-27-04 57 yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even If retired) INDUSTRY	11C
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
13. TATHER STAINE	14. MOTHER'S MAIDEN NAME
000 M 1/04/	Wesaluth Heldon.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service)	Al Paramels.
1400-07-85621	HASP CECO TO
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	10
IMMEDIATE CAUSE (a) Massice Memore	effect 6 hours
DUE TO - 1	111 12 3011 11
Conditions, If any, which) (b) / across enophases .	tistala Cancer Matastasis to Cive 1
gave rise to immediate DUE TO	
underlying course less	prompares and Tracker
	TED TO THE TERM WAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTDPSY
PART II. DIREK SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNUT RELA	PERFORMED?
ICA	YES NO V
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)
GR CONTRIBUTING CAUSE OF DEATH GIF EITHER, NOTIFY MEDICAL EXAMINER)	
The support of the su	
20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
Mulle - Nor Autie	J, att 661, 01100 bidg., 610./
	-1 / 12 . 5 1 12 1/2
21. I certify that (I) (this hospital) attended the deceased from /	
saw the deceased alive on Feb. 17 19.67, and that	death occurred atM, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
CP SGE/- M.D.	ATTENDING MED. STAFF PHYS.
22c. PHYSICIAN'S	22d, ADDRESS
NAME (Type) OHIII CILIAL CILIAL	EDINITO ROLTIMOR MEDICAL CENTER
CHILL-CHILL DIFFIL	ONGHER WILL MIET JOINGIE CONTON
23a. BURIAL, CREMATION, 23b. DATE THERPOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Famoval 2/18/67 Cornet	T JOTZ. XX
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
(11st) Jeneral Son Replan Bollo VIII	EED 8 0 1000 OMI. IL D. 1
Many Company to the contract of the contract of	DATELS 20 1967 Clearles Judge

VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest and give nearest and give start and give nearest and give start and give nearest and give start and give start and give start and give nearest and give start	RAL and give nearest town) RAL and give nearest town) RAL and give nearest town) PART SERVICE ON A FARM? YES NO PART NO PART OF TAKEN TO THE PART OF TAKEN THE PART
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8549 ANDRY IN PD. DALTO, MD. 8149 MORY IN POAD 3. NAME OF DECEASED IN MARY PATRICIA MEDIE 4. DATE OF DEATH FED. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3 10 2 9. AGE (In years IFUN last burthay) Month (In years) IFUN (In years	ON A FARM? YES NO PARM? YES NO
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR III. BIRTHPLACE (County & State, or foreign country) 11c. MOTHER'S MAIDEN LAND PARTY AND PARTY AN	CITIZEN OF WHAT
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13. FATHER'S NAME MP-PICHARD LEGICATED. MARS. MARGARET FI 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. OEATH WAS CAUSEO BY. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 20a. ACCIOENT WAS UNDERLYING TO CAUSE OF OEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item	NALE CAN
MP-PCHARD LEGNARD. MRS. MARGARET F 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of Service) 270-03-3317 MP. GEORGE ME GEE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. OEATH WAS CAUSE OBY. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. EQ LEP S y 20a. ACCIOENT WAS UNDERLYING TO CAUSE OF OFTH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item	NINE CHANGE
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Underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF GETTINE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item	3
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EPILEPSY 20a. ACCIOENT WAS UNOERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item	(a) 19. WAS AUTOPSY
20a. ACCIOENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item	PERFORMED? YES NO P
LOCAL OR CONTRIBUTING TO CAUSE OF DEATH I	
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While Not While at work 19 at work 19 at work 19	County) (State)
Hour a.m. 19 While Not While factory, street office mag., etc.)	
21. I certify that (I) (this hospital) attended the deceased from 1959, 19 to FED. 9, 19	67, that (I) (we) last
22a. SIGNATURE	
M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 2	
22c. PHYSIC AN'S	PATE SIGNED
NAME (TYPE) PUBEN S. SEBASTIAN JORRA 7 GLD HARFORD	PATE SIGNED 67
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or REMOVAL (Specify)	PATE SIGNEO
24. FUNERAL DIRECTOR ADDRESS 7. 1 AM C/ 1250. REGISTRAR 25b. REGI	PATE SIGNED PA 67 PAS. #34
Omelalle Ocak 2713 Kek Ave	PATE SIGNEO G 67 COUNTY) (State)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

A15 (4)

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98810 E. S. Later Market

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Jalie Sinoli 47 IIII	Page the retained by the hospital or attending physician.	ERAL RECTOR: After this certificate has been signed by the attending physician and completely din by the funeral	Pages 1 and 2 should	with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death
De make ec	,	nd completely	rbon papers.	within 72 hor
d cermicale p		physician an	se remove cal	n any avent
al the deal	(ne attending	Then plea	bas levon
rednines tu	physician.	igned by th	nsit permit.	ion, or rem
WEI BILL .	r attending	has been s	e burial-tra	rial. crema
TUTOTO TTT	ne hospital o	is certificate	for use as th	h prior to bu
TOWN THE T	etained by the	OR: After th	be detached	ept. of Healt
- TO CO	be r	RECT	3 should l	the State D
TOTTO	Page	ERAI	, page	with

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	01896):		CERTIFIC	ATE	OF DEA	HTA		018	186
	PLACE OF DEATH	Baltimore		MARYLAI		CTAFF	ence (Where aryland	daceasad lived, If b. COUN		nce before admission
	Middle			ENGTH OF STAY IN	N 16	**	WN (If outside c ltimore	orporate limits, write	RURAL and give	nearest town)
	d. NAME OF HOSPI	TAL OR INSTITUTION (f not in hospital, s	give straet address)		d. STREET ADDR	RESS			e. IS RESIDENCE
		Ll Nursing	Home			1307 Go:	rsuch A	ve.		YES NO
3.	NAME OF DECEASED (Type or print)	Cora		Middle E.	Menz	el Last	4. DAT			Year 19 67
	Female	6. COLOR OR RACE White	WIDOWED TO	NEVER MARRIED DIVORCED		me 15, 1	893	9. AGE (In years last birthday) 73 yrs.	Months Deys	Hours Min.
do	At home	HON (Give kind of work orking life, even if retire B	10b. KIND O	F BUSINESS OR INC	DUSTRY	11. BIRTHPLACE (or foraign country)		S.A.
13.	FATHER'S NAME	**			14	. MOTHER'S MAI	DEN NAME			
	Conrad					Corne.	lia Spe	igel		
15. (Ye	WAS DECEASED EV	ER IN U.S. ARMED FOR	CES? 16. SOCIA	AL SECURITY NO.	17. INF	ORMANT		Address		
1	No	i yougitto war of dologogo		E 10 ES	Mrs.	Virginia	a Riggin	ns, 2 Brai	och St.	21221
	18. CAUSE OF D	EATH [Enter only one	cause per line for	(e), (b), end (c),]			00-	, 4 210	[]	ITERVAL BETWEEN
		H WAS CAUSED BY:	M	ctastat.	1,	Carc	1		0	NSET AND DEATH
	199)					A				
	Conditions if you	DUE TO	C			0/1 0	Same	4 001	0.0	
	Conditions, if eny		Car	ccina	-	0	2	7 (01	0,1	
	(a), steting the u	DITE TO								
	cause last.) (c)								
CERTIFICATION	PART II. OTHER	R SIGNIFICANT CONDI	TIONS CONTRIBU	TING TO DEATH BU	JT NOT R	LELATED TO THE TE	ERMINAL DISEA:	SE CONDITION GIV	EN IN PART 1(a)	PERFORMED?
	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCC	CURED. (E	nter neture of injur	y in Pert I or Pe	rt II of item 18.)		
MEDICAL	20c. TIME OF INJU Hour a.m.	JRY Month, Day, Ye		OCCURRED 200 lot While at work		OF INJURY (Home, street, office bldg.		City or town)	(County)	(Stete)
	21 I certify t	hat (I) (this hospit	al) attended t	he deceased fr	rom	7/7	1966	0 2/1	1967.	that (I) (we) la
		sed alive on	100	1			111			late stated above
	22a. SIGNATURE			-	mar d					22b. DATE
10	<	a mul		Am	M.D.	PHYS.	MED. DIRECTOR	STAFF PHYS.		SIGNE
	22c. PHYSICIAN'S NAME (Type)	Samuel St	tern M.H).		22d. ADDRESS 285 R1	ldge Roa	id		
23a	BURIAL CREMATI REMOVAL (Specify) BUTIAL	Feb. 4,		NAME OF CEME				ltimore,		(Stata)
24	ULLTICH F			ADDRESS		25a	BEGD BY REG		GISTRAR'S SIGNA	TURE

LEOV Character Local amold smingriff Lall vyvI Lound S by LOW DELama S 1000 . 1000 peod sh JA. B. U. Cornolda Spolyal 1919 to the state of the state Dead of his to the time of the state of the n en vertre de la company La company de la company d Wildel and tel Move 4210 Delwis Rond. 56

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

01001

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	01031	CEKTIFICATE	OF DEATH		11887
	PLACE OF DEATH			re deceosed lived, if institution:	
	COUNTY BAITIMORE	MARYLAND	o. STATE	b. COUNTY	21717
-	o. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	e corporote limits, write RURAL	ond give neorest town)
	write RURAL and give nearest town)		BALTI	more	03-1
	. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, gi	ve street oddress)	d. STREET ADDRESS	1 /201	e. IS RESIDENCE ON A FARMS
		dical Center	18014 WYA	10rook Kol.	YES NO
	NAME OF First DECEASED	Middle	1. Lost / 4.	DATE Month	Doy Year
	(Type or print) 6. COLOR & RACE 7. MARRIED	ne likre	DATE OF BIRTH	9. AGE (In years	FUNDER 1 YEAR IF UNDER 24 HRS.
F	MALE CAUC. WIDOWED	DIVORCED 8	6-13-35		Months Doys Hours Min.
1Do	USUAL OCCUPATION (Give kind of work done 1Db. KIN	ID OF BUSINESS OR	11. BIRTHPLACE (County & St		12. CITIZEN OF WHAT
dur	ng most of working life even if retired) IND IND IND IND IND IND IND IN	WIFE	SHAMOKI	A. PA.	COUNTRY? CLSA
13.	FATHER'S NAME	TIT DORE	14. MOTHER'S MAIDEN NAM	AD	
10	WILLIAM FRANCIS LI	166	1 M Hym	Address	
1S. (Ye	s no or unknown) (If you give were or dates of service)	OCIAL SECURITY NO. 17. 11	CHOSP (TAL)	RECORDS)	
	18. CAUSE OF DEATH (Enter only one couse per line for (we son for	in hembert	age INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	rebreal Vaso	ulas acci	dent	ONSET AND DEATH
	331X DUE TO	1 , , , ,	1.		
	Conditions, if ony, which gove isse to immediate couse (o).	work High	perlemonor		13 years
	stoting the underlying couse DUE TO	10			
	lost. (c)				LIO WAS HITODSY
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDIT	ION GIVEN IN PART I(0)	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	2Do. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port	l or Port II of item 18.)	
ICAL	2Dc. TIME OF INJURY Month, Doy, Yeor 20d. IN.		E OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)
MED	Hour o.m. While of work		ory, street, office bldg., etc.)		
	21. I certify that (P) (this haspital) attend	ed the deceased from <u>(</u>		6, to Jeb 20	_, 19 <u>67</u> , that (1) (we) last
		20_19_67, and that	death accurred of 6	M, from causes on	d on the date stated obove.
	220. SIGNATURE		ATTENDING MEI	JIMII	22b. DATE SIGNED
	22c, PHYSICIAN'S	M.D	PHYS. DIR	ATER BACTO	MIE O. CHNIER
		resser	1011	W. Kead	ft.
230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY	23d. LOCATION (City or Town)	(County) (Stote)
er		Odd Fellows		Shamokin,	Pa.
I 24	V.Jenkins & Sons Co. 1	1905 York Rd	2So. REC'D BY	REGISTRAR 2Sb. REGIS	TRAR'S SIGNATURE
	Balto.la	Md.	DATB LD	NO 1201	ares Judge

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS,

Item #6 Film #6385.24 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF 01892 DEATH 01888

									OTO	UU		
	LACE OF DEATH					2. USUAL RESIDENCE (Where dec			nce befor	e odmissi	on)
R	altimor			MARYLAI	ND	Maryland		b. COU	NIY			
		(If outside corporate limi	ts.	c. LENGTH OF STAY IN 1		c. CITY OR TOWN (If ou	utside corn	orote limits, write RU	RAL and air	ve neores	t tawn)	
-	write RURAL or	nd give nearest town)	,			,			g			
	OWSON	TAL OR INCTITUTION OF	as in harminal	the street of the Tab		Baltimore d. STREET ADDRESS	2120	my .			e. IS RESI	DENCE
d	. NAME OF HUSPI	TAL OR INSTITUTION (If r	or in nospitol, (give street address)			CI				ON A F	
S	t. Jose	ph Hospital				617 Charle	s ot	•			YES	NO
	AME OF ECEASED		irst	Middle		Lost	4. DAT			Doy	Ye	ar
	Type or print)	Al	ice			MERRITT	OF DEA	TH Febr	ruary	11	9 196	67
S. S	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years	IF UNDER	1 YEAR	IF UNDE	
F	emale	White	WIDOWED	DIVORCED		une 8, 1889		lost hirthdoy)	Months	Doys	Hours	Min.
10o.	USUAL OCCUPATIO	ON (Give kind of work done g life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	& Stote, a	r foreign country)		ITIZEN OF OUNTRY?		
H	omemake:					Maryland						
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
		ER IN U.S. ARMED FORCES		SOCIAL SECURITY NO.	17. 1	NFORMANT		Addr	ess	3.1		
(162	, no, or unknown)	(If yes give war ar dotes	of service)									
T	18 CAUSE OF I	DEATH (Enter only one co	use per line for	(a) (b) and (c))						INT	ERVAL BET	TWEEN
		ATH WAS CAUSED BY:	Ac	ute myocard	ial	infarction	sec	ondary to		ON:	SET AND I	DEATH
	4201	IMMEDIATE CAUSE	(0)	ronary arte								
	Conditions, if an			Tonary arte	Ly	UT26826						
	rise to immedia	ite couse (o),	(b)				-			-		
	stating the und	erlying cause	At	erioscleros	4.5							
	last.	,	-			THE TERMINAL DISTANCE CO.	MDITION 6	MUSEL IN BART 1/ 1		110	VALAC ALIT	ODCV
8	PART II. OTHER S	SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELATE	ו 10 ו	HE TERMINAL DISEASE COL	NOTITION 6	SIVEN IN PART I(0)			WAS AUT PERFORM	IED?
\$										YI	ES	NO K
3	OR CONTRIBUTIN	AS UNDERLYING G CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCCU	JRRED.	(Enter noture of injury in	Port I or	Port II of item 1B.)				
		Y MEDICAL EXAMINER)	204 11	NJURY OCCURRED 20	O. DIA	E OF INJURY (Hame, forn	m. 20	f. (City or town)	10	ounty)		(Stote)
MEDICAL	Hour o	JURY Month, Doy, Year i.m. 19	While at wor	Not While		ory, street, affice bldg., etc.		i. (City of lowil)	(0)	outry)	у.	(21016)
	21. I cert	tify that M (this ha	spitol) atten	ded the deceosed fro	om	2/6/	19 67	, to 2/11/	, 19	67th	not N) (we) la
		deceosed alive on 2		19.67, an	d that	death occurred at	12:3	OM, fram causes	and on	the dat	e stote	d obov
	22o. SIGNATURI		10				en	P	22b.	DATE SIGN	ED	
	'atu	ro A Pic	Masar	c MD	M.E	ATTENDING PHYS.	MED. DIRECTOR	R STAFF >E	Feb:	ruar	y 11	,196
1	22c. PHYSICIAN	'S				22d. ADDRESS						
	NAME (Typ		idlaoan	, M.D.		7620 Yor	k Rd	., Towson	Md.	212	04	
22.0	BURIAL CREMAT	ION. 23b, DATE TO	IEDEUE	MAME OF CEMETE	PV OP			LOCATION (City or To		(County		state)
230.	REMOVAL (Specif		C M	Y CONTRACTOR CEMER	AAn	al a Cal	230.		-	(County	0.	nuiej
4		0	0161	10,0000	ve	2So. RES	D DV DER	SAU MA	EGISTRAR'S	SIGNATUL	OE S	
24.	FUNERAL DIRECT	UK		ADIDRESS					EGISTKAK S	SIGNATUR	ν.Ε	
						DATE	ECO	4 4 4000	non!		-	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. s and ter death funera TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the f director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages should be filed with the State Dept. at Health priar to burial, cremation, ar remave, and in any event, within 72 hours after Page 4 may be retained by the haspital or attending physician. VR A15 (4) 20 M 1/66

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VR AI5 (4) 20M 1/65

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICA	L RESEARCH AND RECORDS, 301 W. PRESTON STREET,	BALTIMORE 1, MARYLAND
01893	L RESEARCH AND RECORDS, 301 W. PRESTON STREET, CERTIFICATE OF DEATH	01833

1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Md b. COUNTY AA Co
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Dulaney Towson Home	Pasadena
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS 8. IS RESIDENCE
Dulaney Towson Home	Ft Smallwood Rd ON A FARM? YES NO K
3. NAME OF First Middle DECEASED (Type or print) John Thomas	1967 19 ATE Month Day Year DEATH Feb 20 1967 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. last birthday) Months Days Hours Min.
Male W WIDOWED X DIVORCED	2/13/87 80 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sea Food 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unk	Mary Conaway
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
No No	Family Same
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardeac	Failure Interval Between ONSET AND DEATH 3 days
Conditions, If any, which DUE TO Arterio Sche	exoter C-V desease 20 us.
gave rise to Immediate cause (a), stating the underlying cause last.	lune;
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REI 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CURREO. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL Hour a.m. While at work at work at work	ACE OF INJURY (Home, farm, ory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 1967, and the	at death occurred at 50m, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
To A Tellack M	D. ATTENDING MEO. STAFF DIRECTOR PHYS. 2 2/2/16/
22c. PHYSICIAN'S NAME (Type) Jos. A SE ALACK	260 W. Perse pre Towson hed
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER 2/22/67 Cedar Hill	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
McCully F H 237 Patapsco Ave 2122	DATER 23 1967 Policyle, July

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

O 1894

CERTIFICATE OF DEATH
OLIVIOR DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

O 1894

CERTIFICATE OF DEATH
O. STATE

O. COUNTY

Baltimore

(If outside corporate limits. I. LENGTH OF STAY IN 1b)

C. CITY OR TOWN (If outside corporate limits. write RURAL and give ne

death. by the funeral Bages 1 and 2 hours after death executed within 24 haurs after ve carban papers. Pag event, within 72 hours .⊑ campletely filled pan remave and in any and edse Sician remaval, requires that the death attendil permit. Б crematian, signed by the burial-transit burial, cremati by the hospital ar attending physician. ed far use as the of Health priar ta has been this certificate detached TO FUNERAL DIRECTOR: After be retained filed director, page should be filed Page 4 may b VR A15 (4) 20 M 1/66

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Forest Haven Nursing Home YES 3. NAME OF Day 4 First Middle DATE Lost Year DECFASED (Type or print) ALBERT chael DEATH SEX AGE IF UNDER 1 YEAR IF LINDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED (In years last birthday) Manths Hours Days WIDOWED DIVORCED Male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign caugitry) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) (If yes give war or dates af service CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO 1118025 Conditions, if ony, which gave rise to immediate cause (a). DUE TO stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (City or town) (County) (State) Haur o.m. factory, street, office bldg., etc.) Nat While at wark 1967, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from 196 and that death occurred at 1. YSAM, from couses and an the dote stated above. sow the deceased olive an 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS. M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Glen Haven Memoriaal Park Narvland 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR layer John son Illam oen Raven

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PERMITTED IN			
		Addition of telephone	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE 01001 Type or Print) death. NAME OF DECEASED 2. DATE AND HOUR OF DEATH OFFICE 12:10am lona Mihalovich within 24 hours ofter 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) by the ti FULL NAME OF (If not in hospital or institution, give street address or lacotion) ershot HOSPITAL OR (If outside city limits, write RURAL and give township) papers. __ INSTITUTION filled BALTIMORE - 29 Baltimore. Maryland 627 Aldershot Rd. completely Adershot Road 6 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Days If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdoy) Hours 71 3 - 13 - 95Female White Widowed 3-13-95 /1

10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) pup 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) physicion Hungary Editorial assistant certificate Newspaper Hungry 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME = Helene Albach Carl Helmbold attending p OR ATTENDING PHYSICIAN: The law requires that the death 5. Was Deceased Ever in U. S. Armed Farces? ADDRESS 6. SOCIAL 17. INFORMANT permit. (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. Adershot Road 212-48-0044 Alice the signed by the burial-transit 18. CAUSE OF DEATH INTERVAL BETWEEN DISEASE OR CONDITION DIRECTLY physician. tastate acleur carciuma, LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, ottending been injury or complication which caused death.) the ANTECEDENT CAUSES 05 DUE TO hos use DISEASES OR CONDITIONS, if any, rise to the above couse (A) stating the hospital or certificate for UNDERCTION CONDITION Inst Dent of the detached 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED ZIT. FILW DID INDUST VICERS OF INJURY State Dent Not While **DIRECTOR:** After this (APPROX.) Wark At Wark be retained by the 22, I certify that (1) (this hospital) attended the deceased fram that (I) (we) last saw the and have and from the tou 23A. SIGNATURE

23C. PHYSICIAN'S
NAME (Type)

24A. BURIAL CREMATION, 24B. REMOVAL (Specify) and that in (my) (our) apinian death occurred on the date that (1) (we) last saw the deceased alive an..... and hader and fram the touses stated above. (1) (We) (did) (did nat) view the body after death. 238. DATE SIGNED Med. Stoff Attending TO HOSPITAL (Poge 4 may b Director Phys. 23D. ADDRESS M.D. 24D. LOCATION 0 24C. NAME of CEMETERY of CREMATOR REMOVAL (Specify) New Cathedral Cem. Balto. Md. VR A15 (4) 25M 1/67 Feb. 25A. DATE REC'D BY HEALTH DEPT. FEB 9 1967 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR G. Truman Schwab 3512 Frederick Ave. Balto. Charles Jugge

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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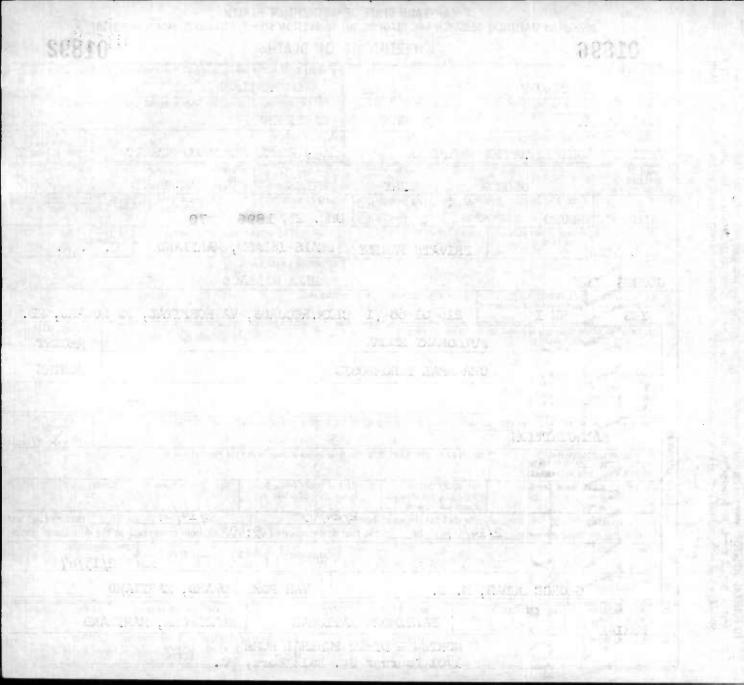
CERTIFICATE OF DEATH

01892

	PLACE OF DEATH O. COUNTY	BALTIMORE		MARYL	AMD	2. USUAL RESIDENCE (* o. STATE MAR	Where deceosed	lived, if institut b. COU		e before odr	nission)
	b. CITY OR TOWN	(If outside carparate limi	ts,	c. LENGTH OF STAY IN		c. CITY OR TOWN (If ou		limits, write RU	RAL ond give	neorest tow	n)
ì	FORT HOW.	nd give nearest tawn)	W 411	690 DAYS		BALTIMORE	,			24	4
1		ITAL OR INSTITUTION (If I	ot in hospitol, gi	ve street oddress)	- 2	d. STREET ADDRESS				e. IS	RESIDENCE
7	VETERANS	ADMINISTRA	TION HO	SPITAL		1639 NORTH	BENTAL	OU STRI	PET		A FARM?
	3. NAME OF	F	irst	Middle		Lost	4. DATE	Mon	th	Doy	Year
ď	DECEASED (Type or print)	GE	ORGE	HENRY		MILES	DEATH	FEBRUAL		14	19 67
H	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9.	AGE (In years last birthdoy)	Months 1		NDER 24 HRS. Urs Min.
j	MALE	NEGRO	MWIDOWED [DIVORCED		DEC. 25, 18	96	70 yrs.			
١	10o. USUAL OCCUPATION during most of working CHAUFFE		10b. KIN	D OF BUSINESS OR JUSTRY IVATE FAMI	LY	11. BIRTHPLACE (County DEALS ISLA				IZEN OF WHA	
X	13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME	1000			
	GEORGE M					ELIA WAI	LACE	250.00			
j	15. WAS DECEASED EN	/ER IN U.S. ARMED FORCES? (If yes give wor or dotes	of service) 16. Si	OCIAL SECURITY NO.	17. 1	NFORMANT		Addr	ess		
	YES	WW I	2	16 01 88 7	1 0	LIN. RECORDS	, VA H	OSPITAL	, FT H	OWARD	, MD.
	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PULMONARY EDEMA										BETWEEN ND DEATH
	Conditions, if any, which gove) DUE TO CEREBRAL THROMBOS					S				MON	THS
	rise to immedia stoting the und last.					Ger S					
1	PART II. OTHER	SIGNIFICANT CONDITIONS ALNUTRITION		DEATH BUT NOT RELA	TED TO 1	THE TERMINAL DISEASE COI	NDITION GIVEN	IN PART I(o)		19. WAS PERF YES	ORMED?
	OR CONTRIBUTIN	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED.	(Enter nature of injury in	Part I or Port I	of item 18.)			
	Hour o	JURY Month, Doy, Yeor m. 19	20d. IN. While of work	Not While		E OF INJURY (Home, formory, street, office bldg., etc.)	(City or town)	(Cou	enty)	(Stote)
		tify that 🔅 (this ha deceased alive an_		ed the deceased 1719, a	fram2/ nd tha	24/65 t death accurred of		/14/67 fram causes	and an th	ne date st	f) (we) las ated above
	22o. SIGNATUR	220. SIGNATURE STAFF 22b. DATE SIGNED ATTENDING MED. STAFF 22b. DATE SIGNED 2/15/67									
/	22c. PHYSICIAN NAME (Typ		DAS, M.	D.	7	VAH FOF	RT HOWA	RD, MAR	YLAND		
	230. BURIAL, CREMAT REMOVAL (Speci BURTAT	10N, 23b. DATE TH	HEREOF - 61	23c. NAME OF CEMET BALTIMOR				TION (City or To		(County)	(Stote)
	24. FUNERAL DIRECT		M	ORTEN & DY	THE	FUNERAL 250 HON	D BY REGISTRAL	25b. RI	EGISTRAR'S SI		
			1	701 Teuren	e St	Be 1+ PAIL	B 2 3	1967	y cues	res y	udge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 3 and 2 shauld be filed with the State Dept. of Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificats be executed within 24 hours after death Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

£ (AM)		0103.		CERTIFICAT	E OF DEATH		01893
हैं इंडिड		PLACE OF DEATH				here deceosed lived, if institution: 1	Residence perfore odmission)
executed within 24 hours ofter death. Completely filled in by the funeral move carbon popers. Pages 1 and 2 any event, within 72 hours after beauty		o. COUNTY Baltim	ore	MARYLAND	O. STATE VACY	b. COUNTY	Baltimore
hours ofter n by the fu s. Pages 1 hours after		CITY OR TOWN (If outside corner	nto limits	LENGTH OF STAY IN 16	C. CITY OR TOWN (If our	side corporote limits, write RURAL o	
by t Pa	R	write RURAL and give nearest to	J	6 days	17000	SOR LUTHE	RUILLE 12
in in 2 ho	^	NAME OF HOSPITAL OR INSTITUTE		street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
filled in popers. Thin 72 h	P	mitimore le	centy Ger	n. Hosp	FALLS	ROAD	YES NO
withir ely fil bon g with	3.	NAME OF	First	Middle	Lost	4. DATE Month	Doy Year
ecuted with completely ove carbon y event, wit		DECEASED (Type or print)	elen	h.	Miller	OF DEATH 2	10 1967
mpl ve c eve	S.	SEX 6. COLOR OR I	RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HR
remove remove		T W	WIDOWED X	DIVORCED	2/9/1880	87 yrs.	
100		USUAL OCCUPATION (Give kind of wing most of working life, even if retire		OF BUSINESS OR	11. BIRTHPLACE (County &	Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ician eose ond i		HOMEMAK	ER OU			d.	MIDIA
physician nen pleos iovol, onc	13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME	
g pl Ther mov		Lanaha			30.0		NNA
oth ndin it.	15. (Ye	WAS DECEASED EVER IN U.S. ARMED s, no, or unknown) (If yes give wor	or dates of service)		INFORMANT	W. MILESS FALLS ROAD,	CARY, JR.
that the deoth certificion. by the ottending physitransit permit. Then proceedings or removol,	L.	s, no, or unknown) (If yes give wor			(Chart)	FALLS ROAD,	CUTHERUIL
t the the c sit p natio		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (o)	(b), ond (c).) UN7 ONIA			INTERVAL BETWEEN ONSET AND DEATH
that thous. by the transit cremate			E CAUSE (0)	an our or			
ed bed bed bed bed bed bed bed bed bed b		Conditions, if ony, which gove)	DUE TO				1 WEEK
equires physici signed buriol-1 buriol,		rise to immediate couse (o),	(p)				
w re ding een the r to		stoting the underlying couse	DUE TO				
low s be s be os th		PART II. OTHER SIGNIFICANT COND	(t)	DEATH DUT NOT DELATED TO	THE TERMINAL DISEASE COME	NITION CIVEN IN PART I/o)	19. WAS AUTOPSY
F the start 3	NOI	PART II. OTHER SIGNIFICANT COND	THORS CONTRIBOTING TO E	DEATH BOT NOT KEEKIED TO	THE TERMINAL DISEASE CONE	OFFICE OFFER IN PART 1(0)	PERFORMED? YES NO
AN: al or icote far u Heal	FICA	20o. ACCIDENT WAS UNDERLYING	1 205 DESCR	IRE HOW INITIPY OCCURRED	. (Enter noture of injury in Po	art Lor Port II of item 18)	I IES [] NO [
of the second se	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEA	HTA	IDE HOW MOOK! OCCORNED	. (Eller Helere et supri) in the	500 T 50 T 50 T 50 T 100 T 50.)	
by the hos fiter this ce be detache State Dept.	MEDICAL	20c. TIME OF INJURY Month, Doy		RY OCCURRED 20e. PI	ACE OF INJURY (Home, farm,	20f. (City or town)	(County) (Stote)
the det	WED	Hour o.m. p.m.	19 While of work	Not While fo	ctory, street, office bldg., etc.)		
Start Start		21. I certify that (I)∢	OI WOIK —		2/1 6/19	ta 2/10/6	719 that (IX twell
ATTEND etoined to CTOR: Af should to vith the S		saw the deceased alive		7 19 74, and th		M, fram causes and	
R ATTEN retoined recTOR: A 3 should with the		220. SIGNATURE	2000	man	ATTENDING	LACE CTACC	22b. DATE SIGNED,
~ ~ ~ ~ ~ ~		Clar Flug	- once on	1	A.D. PHYS.	MED. STAFF DIRECTOR PHYS.	2/10/67
may be RAL DII , poge be filed		22c. PHYSICIAN'S NAME (Type) DR RA	44EL PER	EZ-MERA	22d. ADDRESS		
TO HOSPITAL Page 4 may 1 TO FUNERAL D director, pog should be file		MAINE (1 Aba) NK (1/1)	1 4 / - 1		BALTO. CO	UNTY GENER	AL HOSP.
O HOSP Page 4 1 O FUNER director, should	230	BURIAL, CREMATION, 23b. REMOVAL (Specify)		23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
5 5 5 9 W		remation 2/1	1/1967	Greenmou	at	Baltimore,	Md.
VR A15 (4)		FUNERAL DIRECTOR	Sons Co	ADDRESS 1905 Vork		BY REGISTRAR 2Sb. REGISTI	RAR'S SIGNATURE

SEES LG Miles 1607, 2009 1, 500 4 may 26 1624 may 1, 12

4 64	MARYLAND STATE DEPARTMENT OF HEALTH						
期)	Division of ST	ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE,	MARYLAND 2120				
	01898	CERTIFICATE OF DEATH	018				

Ī	. PLACE OF DEATH					2. USUAL RESIDENCE q. STATE	(Where deceased lived, if in:	stitutian: Residenc	e befare admissian)	
	Baltimore			MARYLAND				ltimore		
	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)		c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If autside carparate limits, write RURAL and give near		nearest tawn)			
		Lutherville	2			I F	erville		03-1	
	d. NAME OF HOSPI	TAL OR INSTITUTION (If n	at in haspital,	give street address)		d. STREET ADDRESS			e. IS RESIDENCE #	
		130 Tenbur	y Rd.			130 Terrh	oury Road		YES NO	
3	B. NAME OF DECEASED (Type ar print)		rst	Middle		Lost	4. DATE OF DEATH Feb	Manth 17.16	Day Year	
3	S. SEX	6. COLOR OR RACE		NEVER MARRIED		B. DATE OF BIRTH	9. AGE (In year	rs IF UNDER 1	YEAR IF UNDER 24 HRS.	
	Male	White	WIDOWED	DIVORCED		Aug. 10, 18	last birthday	y) Manths	Days Haurs Min.	
d	Oa. USUAL OCCUPATION Ouring mast af warking Owner of	UAL OCCUPATION (Give kind of work dane most of working life, even if retired)				11. BIRTHPLACE (Count Maryla	IZEN OF WHAT JNTRY? U.S.A.			
_	3. FATHER'S NAME			21000		14. MOTHER'S MAIDEN	U.S.A.			
	Geo	rge Mohr				Margaret	Lehmuth			
	S WAS DECEASED EVE	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. So s, na, ar unknawn) (If yes give war ar dates af service)			17. 1	NFORMANT		Address		
L	Yes, na, ar unknawn)	(It yes give war ar dates	22	20-44-5627	Ma	bel R. Mohr	, Same as	# 2		
NO	Canditians, if any rise ta immediat stating the underlast. PART II. OTHER SI	rlying cause DUE	(b) CA/O TO (c) ONTRIBUTING		TED TO T	HE TERMINAL DISEASE CO	ID AND BLA		19. WAS AUTOPSY PERFORMED?	
CEPTIFICATION	20a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH					Part I ar Part II of item IB.	.)	YES NO	
MEDICAL C	(IF EITHER, NOTIFY MEDICAL EXAMINER) 2 Oc. TIME OF INJURY Manth, Day, Year Hour a.m. 9 P.m. 19 While at wark							nty) (State)		
	21. I certi	21. I certify that (I) (this bospital) attended the deceased fram OCY 20, 1966, to FB 17, 1967, that (I) (we) last saw the deceased glive an FB 14 1967, and that death accurred at 125 M, fram causes and an the date stated above.								
	22a. SIGNATURE	7. C. SWUISTE M.D. ATTENDING MED. STAFF DIRECTOR								
	22c. PHYSICIAN'S NAME (Type	T.C.SI	WIN	sk1		22d. ADDRESS 206	W. PENNA	LAUTO	suron My	
2	3a. BURIAL, CREMATIC Burial (Specify	on, 23b. date thi Feb. 2		23c. NAME OF CEMETE 7 Lorraine		REMATORY ck Cemetery	23d. LOCATION (City of Woodlawn		Caunty) (State)	
	24. FUNERAL DIRECTO Wm. Cook-		son, 10	ADDRESS 50 York Roa		2Sa. REC'		REGISTRAR'S SIG	GNATURE Judge	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

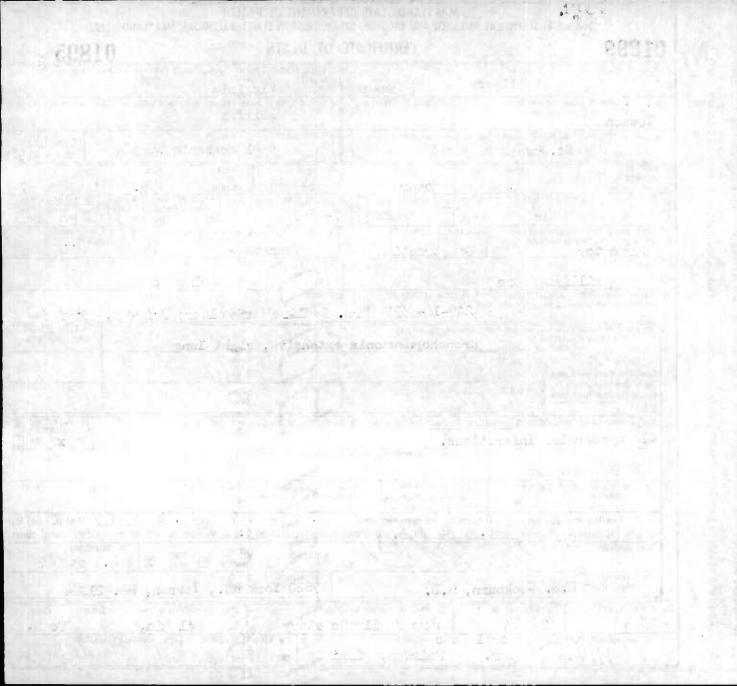
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01933			CERTII	FICALE	OF DEATH			01895
PLACE OF DEATH a. COUNTY		imore		RYLAND	o. STATE Vi	(Where deceosed lived,	b. COUNTY	
Towson	(If autside corporate limit nd give nearest tawn)		c. LENGTH OF STAY	IN 1b		utside corporate limits, irfəx	write RURAL and o	83.3
d. NAME OF HOSP	ITAL OR INSTITUTION (If no				d. STREET ADDRESS	. 34 25		e. IS RESIDENCE ON A FARM?
	St. Josep	h Hosp	ital		454	+1 McKenzie	Avenue	YES NO
3. NAME OF DECEASED (Type or print)		ohn .	Middle Howard		Lost Moore	4. DATE OF DEATH	Month Feb.	Doy Year 1 19 67
s. sex Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIE		7-15-99	9. AGE (In last bir		Doys Haurs Min.
10a. USUAL OCCUPATIOn during most of working Carpent	ON (Give kind af wark dane g life, even if retired) ber	IN.	IND OF BUSINESS OR IDUSTRY nstruction	n	11. BIRTHPLACE (County	& State, ar fareign caun		CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME		
	Villiam Moor					Selma	Sexton	
15. WAS DECEASED EV	/ER IN U.S. ARMED FORCES? (If yes give wor or dotes	of service) 16.	SOCIAL SECURITY NO.		NFORMANT	RL 163 153	Address	
No	(122	27-18-5539	Mrs	• Pauline B	urkholder;	Fairfax	, Virginia
Canditians, if an rise ta immedia stating the und last.	erlying cause	TO (c)			extensive,			ONSET AND DEATH
PART II. OTHER S	SIGNIFICANT CONDITIONS C			LATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART	1 1(a)	19. WAS AUTOPSY PERFORMED?
20o. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIF	cardial inf AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)			OCCURRED. (Enter nature af injury in	Part I or Port II of iter	n 18.)	YES NO
Haur a	JURY Manth, Day, Yeor .m. 19	2Dd. II While of worl	NJURY OCCURRED Not While of work		E OF INJURY (Hame, form ory, street, office bldg., etc.		town) (Caunty) (State)
21. I cert	ify that (A) (this has deceased alive on_	pital) atten	ded the deceased	fram and that	death accurred of	19 <u>67</u> , takeb. 1 <u>3:20</u> M, fram	L st 19 causes and an	67, that A (we) last the date stated above
22o. SIGNATURE	Mocht	un1	20.	M.D	1 111 31	MED. STA	AFF CON TO 1	DATE SIGNED 0.1 stl967
22c. PHYSICIAN NAME (Typ		kburn,	M.D.		22d. ADDRESS 7620 Yor	k Rd., Tow	son, Md.	21204
23a. BURIAL, CREMATI REMOVAL (Specif Buria.]			23c. NAME OF CEM Moore Fan			23d. LOCATION (C	ity ar Tawn)	(Caunty) (State) Tenn.
24. FUNERAL DIRECT	OR EVERLY Fur		ome ADDRESS			D BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE Cude

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Therefore remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar reformed, and in any event, within 72 hours after depting.

VR A15 (4) 20 M 1/66



-		Item#2 a.	b.c & d Film #436/	ATE OF DEAT		01031
1.	. PLACE OF DEA			2. USUAL RESIDENCE	CE (Where decessed lived, If	f institution: Residence before edmi
-		MOPS I (if outside corporete limited dive nearest town)	marylani ts, c. LENGTH OF STAY IN 1	2 7 do 2 3 double 4:		te KURAL and give nearest town)
-	Catons	ville	f not in hospital, give street address)	d. STREET ADDRESS	AVVe// Shinns	ton / s. IS RESID
1		the-Pines -			Route#42 Yng/Ave/ 2	ON A F
3	NAME OF DECEASED (Type or print)	Mul	Middle Middle	Last Moran	4. DATE Mont OF DEATH Febra	
1	Male	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED VIDOWED DIVORCED	8. DATE OF BIRTH 7/20/1900	9. AGE (In years lest birthday) 66 yrs.	s IF UNDER 1 YEAR IF UNDER 24 Hours A
(done during most of Coal n	ATION (Give kind of work working life, even if retire Liner		WEst Vi	0	2) 12. CITIZEN OF WHAT COU
	3. FATHER'S NAME Elijah	Mora		14. MOTHER'S MAIDEN Mollie	Harbert	
(Yes, no, or unkown)	(Hyesgive warprdatesofs World War	T None H	ouse in the Pi	Addres ines - Catonsv	
		DEATH Enter only one	cause per line for (a), (b), and (c).]			INTERVAL BETWE
- 5	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	armie cardro	is arrest.		ONSEJ AND DEA
	Conditions, if a gave rise to imme	DUE TO ny, which diate cause (b)	Chronic Ingo			
20	Conditions, if a gave rise to imme (e), stating the cause last.	DUE TO ny, which diate cause underlying DUE TO DUE TO (c)		ardilis.		10 gy
NOTECATION	Conditions, if a gave rise to imme (e), stating the cause last. PART II. OTH	DUE TO TO DUE TO DUE TO TO DUE TO DUE TO TO DUE TO DU	Ckronie Ingo	cardilis	nal disease condition gi	3 min
MEDICAL CERTIFICATION	Conditions, if a gave rise to imm (e), stating the cause last, PART II. OTH 20e. ACCIDENT OR CONTRIBUTING (IF EITHER, NOTI	IMMEDIATE CAUSE (a) DUE TO (b) rdiate cause underlying HER SIGNIFICANT CONDITION WAS UNDERLYING [IG] IG [IG] CAUSE OF DEATH FY MEDICAL EXAMINER) JURY Month, Day, Year JURY Month, Day, Year	TIONS CONTRIBUTING TO DEATH BUT 2Db. DESCRIBE HOW INJURY OCCU ar 20d. INJURY OCCURRED 200.	cardilis	NAL DISEASE CONDITION GI Port I or Part II of item 18.) n, ; 20f. (City or town)	10 30 VEN IN PART 1(0) 19. WAS AUTO PERFORM
CEPTIE	Conditions, if a gave rise to imme (e), stating the cause last. PART II. OTH OR CONTRIBUTION (IF EITHER, NOTI 20c. TIME OF IN Hour e.m. p.m. 21. I certify	IMMEDIATE CAUSE (a) DUE TO (b) rdiate cause underlying HER SIGNIFICANT CONDITION WAS UNDERLYING G CAUSE OF DEATH FY MEDICAL EXAMINER) JURY Month, Day, Yea 19 that (I) (this hospit	TIONS CONTRIBUTING TO DEATH BUT 2Db. DESCRIBE HOW INJURY OCCU Br 20d. INJURY OCCURRED 20e. While Not While	NOT RELATED TO THE TERMINATED. (Enter nature of injury in PLACE OF INJURY (Home, farm factory, street, office bldg., etc.	Pert I or Part II of item 18.) 1, 20f. (City or town)	VEN IN PART 1(e) 19. WAS AUTO PERFORM YES NO
CEPTIE	Conditions, if a gave rise to imme (e), stating the cause last. PART II. OTH OR CONTRIBUTION (IF EITHER, NOTI 20c. TIME OF IN Hour e.m. p.m. 21. I certify saw the dece 22e. SIGNATUR 22c. PHYSICIAN	IMMEDIATE CAUSE (a) DUE TO (b) rdiate cause underlying HER SIGNIFICANT CONDITION WAS UNDERLYING G CAUSE OF DEATH FY MEDICAL EXAMINER) JURY Month, Day, Yes that (I) (this hospit ased alive on	TIONS CONTRIBUTING TO DEATH BUT 2Db. DESCRIBE HOW INJURY OCCUR ar 20d. INJURY OCCURRED 20e. While Not While et work Tal) attended the deceased fro 27	NOT RELATED TO THE TERMINATE OF INJURY (Home, farm factory, street, office bldg., etc.) M.D. ATTENDING PHYS. 22d. ADDRESS	Pert I or Part II of item 18.) 1, 20f. (City or town)	VEN IN PART 1(e) 19. WAS AUTO PERFORM YES NO
- Andrew	Conditions, if a gave rise to imme (e), stating the cause last. PART II. OTHORSON CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTI 20c. TIME OF IN Hour e.m. p.m. 21. I certify saw the dece 22e. SIGNATUR 22c. PHYSICIAN NAME (Ty)	IMMEDIATE CAUSE (a) DUE TO (b) Idiate cause underlying DUE TO UNDERLYING GC CAUSE OF DEATH FY MEDICAL EXAMINER) JURY Month, Day, Yes That (I) (this hospit ased alive on	TIONS CONTRIBUTING TO DEATH BUT 2Db. DESCRIBE HOW INJURY OCCU Br 20d. INJURY OCCURRED 20e. While Not While et work Tal) attended the deceased fro 27-27196.7., and the 196.7., and the 196.7.	NOT RELATED TO THE TERMINATE OF INJURY (Home, farm fectory, street, office bldg., etc.) ATTENDING PHYS. 22d. ADDRESS 6207774	Pert I or Part II of item 18.) 196.6, to 20.2 MM, from the causes	(County) (Ste and on the date stated ab 22b. D. S. 3-2-3.

DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND

on . IS RESIDENCE ON A FARM? YES NO Yeer 28, 1967 ary IF UNDER 1 YEAR! IF UNDER 24 HRS. Months Days Hours 12. CITIZEN OF WHAT COUNTRY? lle Records INTERVAL BETWEEN ONSET AND DEATH EN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES I NO (Stete) (County), 196.7, that (I) (we) last nd on the date stated above. n or county) e, Md. ISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

FOR STATE HEALTH DEPT.

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Chief Medical Exominer's Office

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funerol director.

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please execute the certificate,

AL EXAMINER:

in pencil in Item 18. Give Poges 1,

24 hours ofter deoth.

be executed within

This certificate should writing the ward

'pending"

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delay

of deathi Deportment after hours Stote [the ony event within with t 0 lond permit. removal burial-tronsit 0 nsed pe prior to 3 should files. moy be retained for your FUNERAL DIRECTOR: Page

The pages I used os o burial-tr burial, cremotian, designoted ogent, TO FUNEN.
Health or it

01901 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE COUNTY LITMORE MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) write BURAT and give nearest town) IMORE d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? PITTL YES NO X Guy NAME OF James. First Middle Last 4. DATE Manth Day DECEASED MORGRE 0F XXXXX (Type or print) DEATH S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE IF UNDER IF UNDER 24 HRS 7. MARRIED NEVER MARRIED t birthday) (In years last Haurs Min WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA during most of working life, even if retired)
Salesman **LNDUSTRY** Dept. Store Penna. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Clarence Morgret Mamie 16. SOCIAL SECURITY NO 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no or unknown) (If yes give war or dates of service) 72-18-0241 Mr. James G. Morgret Jr. Johnstown. Pa. 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN CARDIAL INFARCTION ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY I ar CONTRIBUTING I CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. Not While foctory, street, affice bldg., etc.) at wark at work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian death resulted fram: Natural causes Accident Suicide | Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, tawn, or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) Baltimore, Md. Baltimore National Cem. 2/8/67. Ruck, Inc. Balto. Md. 21214 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01302		CERTIFICAL	E OF DEATH		01898
1. PLACE OF DEATH o. COUNTY Balto. Co	0.	MARYLAND	2. USUAL RESIDENCE (o. STATE Md.	Where deceosed lived, if institut b. COUR	tion: Residence before odmission) NTY Carroll
b. CITY OR TDWN (If outside corporation of the RURAL and give nearest Lutherville	prote limits, tawn)	c. LENGTH OF STAY IN 16 5 Mon.	c. CITY OR TOWN (If or Hampst	utside corporote limits, write RUI ead	RAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUT		give street address)	d. STREET ADDRESS R.D.	2	e. IS RESIDENCE ON A FARM? YES 🔀 NO
3. NAME OF DECEASED (Type or print) And	first drew	Middle (Netraj)	Netro	4. DATE Mont OF Feb.	9, 19 67
S. SEX 6. COLOR OR Male White			8. DATE OF BIRTH Aug. 23, 1883	9. AGE (In years last birthdoy) 83 yrs.	Months Ooys Hours Min.
10o. USUAL OCCUPATION (Give kind of v during most of working life, even if retin Farmer	vork done 10b. K red) II	IND OF BUSINESS OR NOUSTRY	11. BIRTHPLACE (County Chechoslov	& Stote, or foreign country) aki.a	12. CITIZEN OF WHAT COUNTRY?
John Netro			14. MOTHER'S MAIDEN Judi		
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no, or unknown) (If yes give wor NO	FORCES? 16. r or dotes of service)	social security no. 17. 20-34-6145	MrşJulja	Netro Hamps	ess stead, Md.
Conditions, if ony, which gove nise to immediate couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CON	DUE TO (b) DUE TO (c) IDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NOITION GIVEN IN PART I(o)	19. WAS AUTOPSY
200. ACCIDENT WAS UNDERLYING E OR CONTRIBUTING CAUSE OF DI	□ 205. D	ESCRIBE HOW INJURY OCCURRED			PERFORMED? YES NO
20c. TIME OF INJURY Month, Do Hour o.m.	-	44 - 1441 11	ACE OF INJURY (Home, forn ctory, street, office bldg., etc.		(County) (Stote)
21. I certify that (1) (this hospital) otten	ded the deceosed from_	on 25, at death occurred at	1947, to 549 8130 M, from couses	and on the dore stated obov
220. SIGNATURE 22c. PHYSICIAN'S	- Gi	lune	A.D. ATTENDING PHYS. 22d. ADDRESS	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
NAME (Type) Or.		Gilmore, M. I	0. 1		Lutherville, Md,
Burral (Specify) 2/	DATE THEREOF 11/67	23c. NAME OF CEMETERY OF Hampstead		23d. LOCATION (City or To-	Carroll Md.
24. FUNERAL OIRECTOR Tipton - Eline F		AODRESS	250 REC"	D BY REGISTRAR25b RE	EGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate <u>be</u> executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	01903	CERTIFICATE	OF DEATH	018	99
	1. PLACE OF DEATH a. COUNTY BAITILLEUR	MARYLAND	2. USUAL RESIDENCE (Where deceded of STATE Mary &	ased lived, if institution: Residence I Cell b. COUNTY Bce	befare admission) It www.
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carpa	rote limits, write RURAL and give no	03-1
6	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi	tal, give street address)	d. STREET ADDRESS 7016 Bree;	twood Cuz	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First PECEASED (Type or print)	Gent honey	Nichols 4. DATE OF DEATH		Doy Year 8 1967
	s. sex Made White Widow	VED DIVORCED	1-17-1883	84 yrs.	ays Hours Min.
	during most of working life, even if retired)	b. KIND OF BUSINESS OR INDUSTRY. Refuzeel.	11. BIRTHPLACE (County & State, or for Cetheus)	areign country) 12. CITIZE COUNT	N OF WHAT
	13. FATHER'S NAME Gue Honey nice	lioles	14. MOTHER'S MAIDEN NAME The Ze	ues.	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give war ar dates of service)		NFORMANT RS. EDW. A.C		ABOVE
	18. CAUSE OF DEATH (Enter anly ane cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	for (a), (b), and (c).)			INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	larsinama	Stomas	2 -	
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS	NG TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIV	'EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Pa	ırt II af item 18.)	•
	및 Hauria.m. v		E OF INJURY (Hame, form, ary, street, affice bldg., etc.)	(City or tawn) (County	y) (State)
	21. I certify that (I) (this haspital) at saw the deceased alive an		death accurred at 9.40	M, fram causes and an the	
	220. SIGNATURE Le Malelle La	na gregor M.D		STAFF PHYS. X Z-8	SIGNED -
1	22c. PHYSICIAN'S 1. MAEGRE		greater bal	existions thede	
	230. BURIAL, CREMATION, REMOVAL (Specify) 2/13/196	UNION	EW JOH	INS TOWN, TE	ounty) (Stote)
	24. FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY REGIST	0.000	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending to sician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. They please remove carbon papers. Pages 1 and 5 shauld be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death

VR A15 (4) 25M 1/67

66810 20210 4.0 77 - 2. 172 - CE - May Jake Je Sin P. Chill I and in Max ack axes Caireragias scherrage. Jan 29th 67 46 845 67 706 89K 67 h. Ballele mas great 74-8-5 X 1 MAR GRECORD thate to ashine historias (with 1. Mar. = 13/1947 Grays Vice 1 Januar Tandy Feel and Mary for many of the contract of the

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One 10 4,6 diviser alling The desire of the 18 of the sound present named yourself 30 100 500 000 CHARLET CHARLES THEORY - HEREALD SOLE TO SOL Karacha gurusteenia Core beer you william unsufficiency and in their men course 2 Mary W. Landy 10-11-2 I JAMES TO THE PROPERTY OF THE PROPERTY ROLL OF

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01905

CERTIFICATE OF DEATH

0	2	63	13	4	
6.3	- 3	7 4	1 1	ä	
3,7		21	1.2	1	

1										J 5 47 17 3
VI		PLACE OF DEATH o. COUNTY				2. USUAL RES	IDENCE (Where decease	ed lived, if institution b. COUNTY	: Residence	before odmission)
4 -			TIMORE		MARYLANI	0. 31411	MARYLAND	U. COUNT?	DA.	ELTMOKE
			utside corporate limits,		c. LENGTH OF STAY IN 16		WN (If autside carparat	le limits, write RURAL	and give	nearest town)
		write RURAL and gir	ve neorest town)						July 3110	
		ORT HOWARI			11 DAYS		IMORE		- (03.1
		d. NAME OF HOSPITAL (OR INSTITUTION (If not i	in hospitol, gi	ive street oddress)	d. STREET ADD	DRESS			e. IS RESIDENCE ON A FARM?
27		VETERANS A	DMINISTRAT	ION HO	SPITAL	8132	MIDHAVEN	ROAD		YES NO X
		NAME OF	First		Middle	Lost	4. DATE	Month		Doy Year
		DECEASED (Type or print)	JACK		D.	O'NEAL	OF DEATH	FEBRUAR	Y	7 1967
	S.	SEX 6.		7. MARRIED	NEVER MARRIED	B. DATE OF BIRT	the state of the s	AGE (In years	FUNDER 1	YEAR IF UNDER 24 HRS.
	3/	ALE	WHITE	WIDOWED	DIVORCED T	CEDMEMBE	R 19.1898	lost birthdoy) A	Nonths	Doys Hours Min.
		. USUAL OCCUPATION (Gi			ND OF BUSINESS OR		E (County & State, or for		1 12 CITIZ	ZEN OF WHAT
	duri	ing most of working life,	even if retired)	IND	USTRY	1000			COU	NTRY?
		AINTENANCE		MOTO	OR LODGE	PORT	REPUBLIC.	VA.	U.S	A
	13.	FATHER'S NAME				14. MOTHER'S	MAIDEN NAME			
		CHARLES O'	NEAT.			EMMA 1	VANTEAR			
	15.	WAS DECEASED EVER IN	U.S. ARMED FORCES?	16. S	OCIAL SECURITY NO.	17. INFORMANT		VA HOSPT	PAT	
			yes give war or dates of s	ervice)	1 003 00 50	ATTITO 1 -	DECADE			********
			WWI	1.20	04:001 87 50	CLINICAL	RECORDS	FORT HOW	ARD.	MARYLAND
		PART I DEATH Y	H (Enter only one couse WAS CAUSED BY:				WITHIN ADAR	NTCO.	-	ONSET AND DEATH
11		0101	IMMEDIATE CAUSE (o)	BRUN	CHOPNEUMONI	1, UNDETER	WINED OKCA	INTEM		2 DAIS
		do dil	DUE TO)						
	157	Conditions, if ony, wh)			10.7			
		rise to immediate co								
		lost.	(c)	TVM	PHOMA					7
		DADT II OTHER SIGNI			O DEATH BUT NOT RELATED	TO THE TERMINAL DI	SEASE CONDITION GIVE	N IN PART 1(a)		19. WAS AUTOPSY
-1	NO									PEREORMED?
	CERTIFICATION				; CHRONIC P					YES NO
	ZTE	20o. ACCIDENT WAS UN OR CONTRIBUTING		205. DES	CRIBE HOW INJURY OCCUR	RED. (Enter noture of	injury in Port I or Port	II of item 1B.)		
		(IF EITHER, NOTIFY MEL	DICAL EXAMINER)							
	MEDICAL	20c. TIME OF INJURY	Month, Day, Year			. PLACE OF INJURY (H		(City or town)	(Coun	ity) (Stote)
	MED	Hour o.m.	19	While of work	Not While of work	factory, street, office	bldg., etc.)			
100		p.m.			ed the deceased fra	TANT O'	7 10 67 4	PED 7	1067	that //V (a) lan
	П			FEB. 7	7 10.67 and	that doath accu	17 OZ 50M	fram caucas an	d on the	e date stated abave
- 31			ased alive an	LED .	19 <u>01</u> , and	mai deam acco	ried di 76.71 W	, iruiii tauses uii		
		220. SIGNATURE	1 .1		1.1	ATTENDING		STAFF Y	22b. DAT	/8/67
			helm	Ne/	200 000	M.D. PHYS.	DIRECTOR	PHYS.	-/	0/0/
		22c. PHYSICIAN'S NAME (Type)	NEILON NEI	IISON.	M. D.	22d. ADDI		A TOUT A	2000	
-1		IAWWE (1 Ahe)		,		VAH	FORT HOWAF	D, MARYLA	תעד	
	230	. BURIAL, CREMATION,	23b. DATE THERE	ØF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LO	CATION (City or Town)	((County) (Stote)
	- 1	BURLAL (Specify)	2/10/	6/	BALTIMORE	ΝΑΤΤΟΝΑΤ.	R/	LITIMORE.	MARY	T A NTD
0	24	FUNERAL DIRECTOR		-/	ADDRESS		2So. REC'D BY REGISTR			
M	(for and	n. 300 -	1-1-	Joseph N. Z					elas Judge
1		1 01 00	Jun	my	257 S. Conk	1100 61	DAIL	16.01L111 /7-		0
					- De COUIT	THE BULL	TOTINGTE &	11204.6		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours ofter deoth. Poge 4 may be retained by the hospital or ottending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer death.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

	01000	N UF STATISTIC	AL RES	CEDTI	FICATI	OF DEATH		, BALTIMUK	0100	10	
=	PLACE OF DEAT			CERTI	FICATI	• • • • • • • • • • • • • • • • • • •			OTOU	N	1. 1
1.	a. COUNTY					2. USUAL RESIDENC a. STATE	E (Where dece	b. COUNT		ce Detore aum	11221011)
	Balt	imore			ARYLAND	Mar	yland		allast and	h	A
	write RURAL	N (if outside corporat and give nearest tow	n)	c. LENGTH DF S	TAY IN 1b	c. CITY OR TOWN (If	outside corpo	orate limits, write	RURAL and g	live nearest	town)
_	Towson	SPITAL OR INSTITUTIO	DI (15 1 1-			Baltimo	re			30.4	DENIGE
160				,	t address)	d. STREET ADDRESS	449			e. IS RESID	RM?
	Dulane	/				3700 N.					NO 🔀
3.	DECEASED		rst	Middle	0.03	Last	4. DATE OF	Month	0a		
-	(Type or print)		SSO		ffle		DEATH	Febru			67
5.		6. COLDR DR RACE	7. MARRIE				9.	AGE (In years IF last birthday) Wrs.	onths Oavs		Min.
	F	W	WIOOWE			11/29/1877					
du	a. USUAL OCCUPAT	TON (Give kind of work ing life, even if retire	done 10b.	KINO OF BUSINESS INOUSTRY		11. BIRTHPLACE (Co	ounty & State, o	r foreign country)	12. CITIZE!		
	Housewi:	fe		Own Home	3	Pittsb		Pa.	U	S.A.	
	. FATHER'S NAM					14. MOTHER'S MAID	EN NAME				
	John Lo					Rachel	Owens				
15 (Ye	es, no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates o	RCES? 16 f service)	S. SOCIAL SECURITY	ND. 17.	INFORMANT		Address	Nash	aville	e,
	No		216-	-09-1437	Mrs	Anne L.	Sincl	air-Smi	th, Te	enn.	
		DEATH [Enter only on		Hine for (a), (b), and	d (c).]	1 1	11	20		ERVAL BETY	
51	PART I. OF	ATH WAS CAUSEO BY IMMEDIATE CAUSE	(a)	Mes	iosch	Mer. Card	len- Udy	Lech Des	real	021 //// 02	
	4221	OUE	10								
	Cenditions, If		(b)								
	gave rise to cause (a), st		TO						6 60 14		
-	underlying caus		(c)								
TIO	PART II. OTHER S	GIGNIFICANT CONDITION	NS CONTRI	BUTING TO OEATH BU	JTNOTRELA	TEO TO THE TERMINAL O	ISEASECOND	ITION GIVEN IN PA	(RT 1(a) 19	. WAS AUTI PERFORM	
FICA									Y	ES N	10,
CERTIFICATION	20a. ACCIDENT DR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING AND CAUSE DE DEATHER MEDICAL EXAMINATION	TH NER)	DESCRIBE HOW IN	IJURY OCCU	RRED. (Enter nature of	injury in Par	t or Part of	tem 18.)		
MEDICAL		NJURY Month, Oay,	Year 20d.	INJURY OCCURRED		E OF INJURY (Home, fa y, street, office bldg., et	rm, 20f. (C	Ity or town)	(County)	(Sta	ate)
4EDI	Hour a.n		White at we	e Not While at work	7	y, street, onice bidg., et	(6.)	M	10		
-		v that (1) (this hos	/)	ded the deceased	from	//0019	to_	Tul 1	190/	that (I) (we	e) last
		ceased alive on	LON T	1961	,	death occurred at	140	n the causes ar	,		above.
	12a. SIGNATUR		Va	1001/	1.1	. /			22b. DATE S		2
	11/1	Plan	11	Elfon	M.O.	PHYS.	MED. DIRECTOR	STAFF PHYS.	2-	8-6	/
	22c. PHYSICIA NAME (T)			1 = = =		22d. AODRESS				- /	
		Dr. Wi	Lliam	4. Helf	rich	5006 Rol	and A	ve.		/	
238	BURIAL, CREM REMDVAL (Spe	ATION, 23b. DATE T	HEREOF	23c. NAME OF	CEMETERY	OR CREMATORY	23d. LOC	ATION (City, tow	n or county)	(Stat	te)
	Burial	2/9/19	967	Drui	d Rid	lge	Pikes	rille. I	Balto ISTRAR'S SIG	Co. I	Md.
24 H	W. Jenk		s Co.	4905 Yo	mle Da		D BY REGIST	100	2/ 1	NATURE	
2.4	· II • O GITE			12. Md.	T.K UC	DATE FE	B 10	1967 /	Marle	Judgi	Ā
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

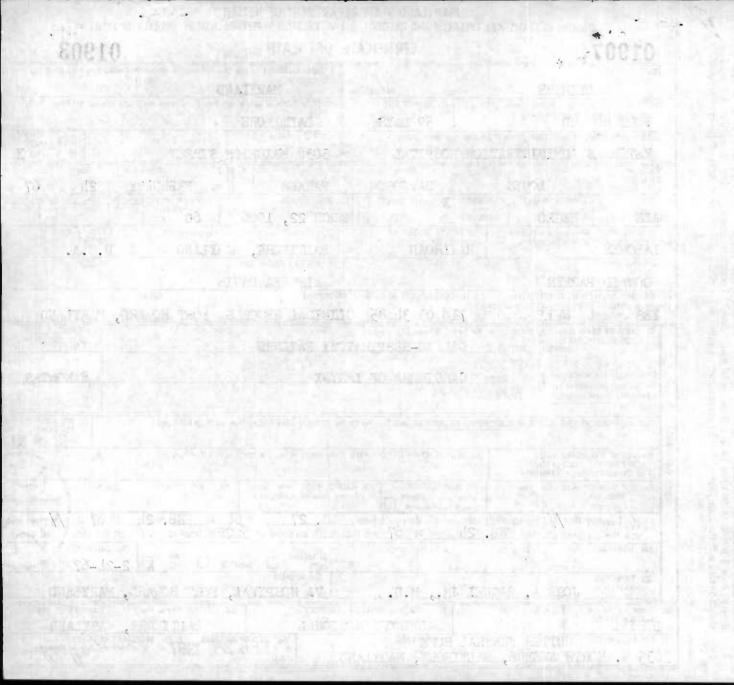
CERTIFICATE OF DEATH 01907 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY BALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) FORT HOWARD 59 DAYS BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL BRIGHTON STREET YES NO X 3. NAME OF First Middle Lost 4. DATE Month Year DECEASED LOUTS DAVIDSON PARKER FEBRUARY 67 19 (Type or print) DEATH SEX IF UNDER YFAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** B. DATE OF BIRTH AGE (In years last birthdoy) Hours MATE NEGRO WIDOWED MARCH 22. 1906 DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) RATIROAD BALTIMORE, MARYLAND 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME DONALD PARKER ALETHEA DAVIS 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) YES 718 CLINICAL RECORDS FORT HOWARD. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY CARDIO-RESPIRATORY FAILURE IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove 8 MONTHS CARCINOMA OF LARYND rise to immediate couse (o), DUE TO stoting the underlying couse lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While ot work ot work 21. I certify that (1) (this hospital) ottended the deceased fram DEC. 27, 19.66, to FEB. 24, 19.67, that (1) (we) lost sow the deceased alive on FEB. 24, 19.67, and that death accurred at 500PM, from couses and on the date stated above. 19.66 to_ sow the deceased olive on FEB. 24 22o. SIGNATURE 22b. DATE SIGNED STAFF DIRECTOR M.D. PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) RAQUEL JR JOSE HOSPITAL, FORT HOWARD. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) (Stote) BALTIMORE NATIONAL BALTIMORE, MARYLAND 24. FUNERAL DIRECTOR

DATE

NORTH AVENUE. BALTIMORE. MARYLAND

N deoth. 24 hours after death by the funeral Poges I and ond oon papers. Poges 1 within 72 hours after 2 filled requires that the death certificate be executed within pon completely any event, Car remove puo 2 leose and ottending only removal 0 signed by the offer buriol-tronsit perm buriol, cremation, o physicion. the hospital or ottending has been be detoched for use os the Stote Dept. of Health prior to certificote ATTENDING PHYSICIAN: TO FUNERAL DIRECTOR: After be retoined by should director, poge 3 should be filed v Page 4 may 1

VR A15 (4)



23c NAME OF CEMETERY OR CREMATORY

Rose Hill Cemetery

23d. LOCATION (City or Town)

Hagerstown

25d. REC'D BY REGISTRAR

(County)

HEALTH DEPT 2, and 3 to PM3. Page State Department of the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, '4 should be forworded to the Chief Medical Exominer's Office olong with form be executed within permit. File within buriol-tronsit event This certificate should ony = 0 removal. 3 should 0 EXAMINER: cremotion. may be retoined for your FUNERAL DIRECTOR: Poge Page funeral director. Health the 0

FOR STATE

VR A15ME (5)

23o. BURIAL, CREMATION,

24. FUNERAL DIRECTOR

Burial (Specify)

23b. DATE THEREOF

Feb

\$00.10 Leading to the control of the The second secon 200 일어나는 하는데 나는 나는 나는 사람들이 다른데 되었다.

MA __AND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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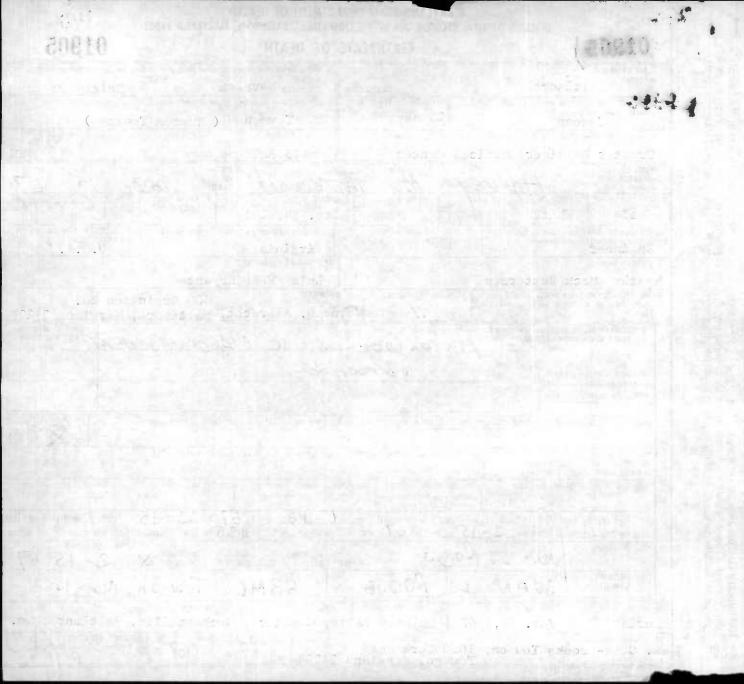
CERTIFICATE OF DEATH

01905

		07363	CEKTIFICATE	OF DEATH		01303
1		PLACE OF DEATH		2. USUAL RESIDENCE (Where dece		sidence before odmission)
)	(Baltimore Baltimore	MARYLAND	o. STATE Maryland	b. COUNTY B	altimore
1	I	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corpo	rote limits, write RURAL and	give nearest town)
		Towosn	29 days	Towson (Ruxton Towe	rs) 03.1
	(d. NAME OF HOSPITAL OR INSTITUTION (If not in hospito	l, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
0		Greater Baltimore Medica	1 Center	8415 Bellona	Lame	YES NOXX
		NAME OF First	Middle 73	Lost / 4. DATE	Month	Doy Year
	((Type or print)	IVI IRT	TERSON DEAT		DER 1 YEAR 1 IF UNDER 24/HRS.
	S. S	36 7		B. DATE OF BIRTH Dec. 14, 1914	last pirthdoy) Mont	
	100	THE OTHER	D DIVORCED	11. BIRTHPLACE (County & Stote, or	yrs.	2. CITIZEN OF WHAT
	duri	ng most of working life, even if retired)	INDUSTRY		foreign country)	COUNTRY?
	_	Engineer		Virginia 14. MOTHER'S MAIDEN NAME		U.S.A.
		eathy Mack Patterson			ant	
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. II	NFORMANT	604 Orplingto	- D.1
	(Ye	s, no, or unknown) (If yes give wor or dotes of service)	?/ Wav	ne D. Albrecht,	Baltimore M	Inviland 21220
		18. CAUSE OF DEATH (Enter only one couse per line			Daicimore, I	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	RIERIOSCLE	ERUTIC CLAK	DIOVASCUL	ONSET AND DEATH
		DUE TO	12.5-	105		
		Conditions, if any, which gove (b) (b)	11361	PE		
4	-	stoting the underlying couse				
	3	lost. (c)				The Was Autory
	CERTIFICATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GI	VEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
	JEL		DESCRIBE HOW INJURY OCCURRED. ((Enter nature of injury in Part 1 or P	ort II of item 18.)	
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	MEDICAL	20c. TIME OF INJURY Manth, Doy, Year 20d Hour o.m. 20d Wh		CE OF INJURY (Home, form, 20f. ory, street, office bldg., etc.)	(City or town)	(County) (State)
	ME	p.m. 19 of w	ork U ot work U			
		21. I certify that (I) (this haspital) atte	ended the deceased fram	1-16,1967	to 2-15	19 67 , that (I) (we) last
		saw the deceased alive an 2-15		death accurred at 11-30P		n the date stated above. D. DATE SIGNED
		wan L. Re	ofue M.O	71(10)	STAFF PHYS.	2-15-67
		22c. PHYSICIAN'S NAME (Type) JUAN L	ROQUE	6BMC.	Towson.	Man land
		. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR (LOCATION (City or Town)	(County) (Stote)
1	В	Feb. 18,1967	Dulaney Vall			Baltimore, Md.
		FUNERAL DIRECTOR	ADDRESS	250. RECD BY REGIS		R'S SIGNATURE
	WII	n. Cook-Brooks Towson, 10	owson, Maryland	21204 DATE - EB & C	1961	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciaa and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please cemave carban papers. Pages 1 and shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after depth Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0191			CERTIFI	CAIL	OF DEATH		[11907
	LACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived, if inst	titutian: Residence	before odmissian)
		imore		MARYL	AND	Maryla		OUNTI	
t	CITY OR TOWN (If outside carparate limit d give nearest town)	s,	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (If ou	rtside corporote limits, write	RURAL and give r	nearest town)
		nsville		1 4518	ne	Baltim	ore		304
(. NAME OF HOSPIT	AL OR INSTITUTION (If no	at in haspital, g	ive street address)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	Fore	st Haven Nu	rsing	Home		1823 G	ouch Street		YES NO 💀
(NAME OF DECEASED Type or print)	Fi	rst	Middle A. PELUSO		Lost	4. DATE A	Month ruary 3,	Day Year 19 67
S. S	**	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9. AGE (In year	IF UNDER 1 Y	
	Male	White	WIDOWED	DIVORCED		10/1/1876	lost birthday		Doys Hours Min.
		(Give kind of wark done life, even if retired)	INI	ND OF BUSINESS OR DUSTRY Caroni		11. BIRTHPLACE (County Italy	& State, or foreign country)		EN OF WHAT
13.	FATHER'S NAME	carer	170	Caroni	-	14. MOTHER'S MAIDEN	NAME	LOBI	·V
	Guy Pel	1100							
15.		R IN U.S. ARMED FORCES?	16.5	SOCIAL SECURITY NO.	17.	NFORMANT	A	ddress	
(Ye	s, no, or unknown)	(If yes give war ar dates o	of service)	Joenie Becommy No.					. 1
_	No sauce of Di	EATH (Enter only ane cau	on par line for	(a) (b) and (a))	Par	sv Peluso 3	27 S. Ann St	reet (50	INTERVAL BETWEEN
	Conditions, if any rise to immediat stoting the under	e cause (o),	TO (b) 1/2 /5	ENTE PI PERILLES (SEM-SS	PUL	Wie CHA	Ensmin Mis-Costes	rau	ONSET AND DEATH
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELA	TED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(o)		19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OC	CURRED.	(Enter nature of injury in	Part I or Part II of item 18.		
MEDICAL	20c. TIME OF INJU Haur o.r p.r	10	20d. IN While at work	Not While		CE OF INJURY (Hame, farm ory, street, affice bldg., etc.) (Coun	ty) (State)
		fy that (I) (this hose eceased alive on_	spital) attend	ded the deceased	from_ nd tho	t death occurred of	6, ta 2/		, that (I) (we) last date stated above
	22a. SIGNATURE	folinte	Phen	/	М.	1 11101	MED. STAFF PHYS.	22b. DAT	E SIGNED
	22c. PHYSICIAN'S NAME (Type		6 S/11	an m.n		22d. ADDRESS	7111011 36W /	ZIX AA	cer-27, 114
	BURIAL, CREMATIC REMOVAL (Specify Burial	2/7/3		23c. NAME OF CEME St. Sten		us Cem.	23d. LOCATION (City of Baltimore	Section 20	aunty) (State)
24	ELIMERAL BURNETO	mr A	1	ADDRESS	-				
//	Ourer	E. Comson	1260	och laven	Blvd	DATE	FEB 1 4 1967	Icha	elas Oudas

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physical and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2, should be filed with the State Dept. af Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

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FOR STATE! HEALTH DEPT.

5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2/Mith the State Department af

Health priar ta burial, cremation, ar remaval, and in any event within 72 hours after death.

overvity medical examiner: this certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5, may be retained for some files.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	PLACE OF DEATH	Baltimore			O. STATE Mary		Ution: Residence before admission) UNITY Baltimore
b	o. CITY OR TOWN (I write RURAL and	f outside corporote limit give negrest town) Dundalk	ts,	c. LENGTH OF STAY IN 16 10 months		utside corporate limits, write RU	
d	I. NAME OF HOSPITA	AL OR INSTITUTION (If n	ot in hospitol, g	give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
		8172 Kavar	nagh Ro	ad (Sidewal	k) 8134	Kavanagh Road	
D	NAME OF DECEASED Type or print)	MAR(irst CUS	Middle Sarafin	Last PENA	4. DATE Mor	nth Doy Year ruary 16, 19 67
s. S	Male	6. COLDR DR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH Oct. 22-192	9. AGE (In years lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min.
00.		(Give kind of work done		ND OF BUSINESS OR	11. BIRTHPLACE (Stote	0. 17	12. CITIZEN OF WHAT
13.	FATHER'S NAME	Sarafin P	ena		14. MOTHER'S MAIDEN	NAME ngel's Zabella	Marian III
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. INFORMANT	Add	
(Yes	18. CAUSE OF DE	(If yes give wor or dotes ATH (Enter only one co H WAS CAUSED BY:	use per line for	(o), (b), ond (c).)	Cardiovascula		INTERVAL BETWEEN DNSET AND DEATH
(Yes	1B. CAUSE OF DE PART I. DEAT 4221 Conditions, if ony, rise to immediat stoting the under last.	EATH (Enter only one co IH WAS CAUSED BY: IMMEDIATE CAUSE OUE which gove e couse (o), Ilying couse	use per line for (o) Arter: 10 (b) 10 (c)	(o), (b), ond (c).) iosclerotic	Cardiovascula:	r Disease	INTERVAL BETWEEN DNSET AND DEATH
(Yes	1B. CAUSE OF DE PART I. DEAT ### 2 2 / Conditions, if ony, rise to immediat stoting the under last. PART II. OTHER SIG. 200. EXTERNAL CA.	EATH (Enter only one co IH WAS CAUSED BY: IMMEDIATE CAUSE Which gove e couse (o), Ilying couse GRIFICANT CONDITIONS (use per line for (of Arter: 10 (b) 10 (c) CONTRIBUTING 1	(o), (b), ond (c).) iosclerotic	Cardiovascula	r Disease	INTERVAL BETWEEN DNSET AND DEATH
CERTIFICATION	1B. CAUSE OF DE PART I. DEAT ### 22 / Conditions, if ony, rise to immediat stoting the under last. PART II. OTHER SIGNAL CAUSE OF DEATH. 20c. TIME OF INJU. Hour o.m.	ATH (Enter only one co IH WAS CAUSED BY: IMMEDIATE CAUSE DUE which gove e couse (o), Ilying couse GNIFICANT CONDITIONS (USE WAS VTRIBUTING JRY Month, Doy, Yeor	20b. DE	(o), (b), ond (c).) iosclerotic D DEATH BUT NOT RELATED SCRIBE HOW INJURY OCCUR JURY OCCURRED 20e Not While 2	Cardiovascula	r Disease NDITION GIVEN IN PART 1(o) Part I or Part II of item 18.) m. 20f. (City or town)	INTERVAL BETWEEN DNSET AND DEATH 19. WAS AUTOPSY PERFORMED?
(Yes	1B. CAUSE OF DE PART I. DEAT 1	ATH (Enter only one co IH WAS CAUSED BY: IMMEDIATE CAUSE DUE which gove e couse (o), Ilying couse GNIFICANT CONDITIONS (USE WAS NTRIBUTING JRY Month, Doy, Yeor n. 19 y that I taak charg	use per line for (of Arter: 10 (b) 10 (c) 20b. DE 20d. In While of work e af the ren al causes X	(o), (b), ond (c).) iosclerotic Death BUT NOT RELATED SCRIBE HOW INJURY OCCUR BURY OCCURRED 20e Of work noins described above Accident ,	Cardiovascula: TO THE TERMINAL DISEASE CD RED. (Enter nature of injury in PLACE OF INJURY (Home, forr foctory, street, office bidg., etc. t, held an Autapsy X, Suicide, Homicide CHIEF MEDICALM.D. ASSISTANT MEI DEPUTY MEDIC	r Disease NOTION GIVEN IN PART 1(o) Part I or Part II of item 18.) m, 20f. (City or town) Inspection, Inquestion, Inquestion	INTERVAL BETWEEN DNSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES X NO (Stote) (County) (Stote)

VR A15ME (5) 6M 1/67

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FOR STATE HEALTH DEP

amy delay is

This certificate shauld be executed within 24 haurs after death. If

TO DEPUTY MEDICAL EXAMINER:

necessary,

please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to I director. Page 4 should be farwarded to the Chief Medical Examiner. Office along with farm PM3. Page 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, ar removal, and in any event within 72 hours after death. the funeral director. Page 4 should be farwarded to the Chief Medical Examiner.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01913

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01909

	ACE OF DEATH COUNTY	BALTIMORE		MARYLAND	2. USUAL RESIDENCE O. STATE Mai	E (Where deceosed ryland	lived, if institution b. COUNT	ry	before odmiss	ion)
b.	CITY OR TOWN (If outside corporate limits,	(.	LENGTH OF STAY IN 1b	c. CITY OR TOWN (III	•	limits, write RURA			
	write RURAL and	d give nearest town)							03-1	
d.	NAME OF HOSPIT	AL OR INSTITUTION (If not in	hospitol, give	street oddress)	d. STREET ADDRESS			100		IDENCE
	427 Lar	ngley Road			427 Lang	ley Road	, Edgewa	ter Ap	Pt YES	NO
	AME OF	First		Middle	Lost	4. DATE OF	Month			ear
	ype or print)	Chalm	er	Dean	PHIPPS	DEATH	Februar	2	12, 19	
S. SEX	x Male	771	MARRIED	NEVER MARRIED Z	8. DATE OF BIRTH	9.17	AGE (In years lost birthdoy) 200 yrs.	Months D	Ooys Hours	R 24 HRS. Min.
during	most of working	I (Give kind of work done life, even if retired)	10b. KIND (OF BUSINESS OR TRY	11. WIRTHPLACE (SI	ote or foreign coun	1		EN OF WHAT	7.3
12 6	Carpe ATHER'S RAME	nter			14. MOTHER'S MAID	Caro	lina			
13. 1	Char	lie w +	him	ni	marae	eret c	Tok .			
	WAS DECEASED EVE	R IN U.S. ARMED FORCES?		AL SECURITY NO.	7. INFORMANT		Addres	S		
(Yes,	no or unknown)	(If yes give wor or dotes of se	24	4-14-3948	Howard	Phips	es d	unal	esal	we
T		EATH (Enter only one couse p	per line for (o),	(b), ond (c).)					INTERVAL BE ONSET AND	
	PART I. ULA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o).		Lobar pr	eumonia				ONSET AND	DEATH
	5810	DUE TO								
	Conditions, if ony ise to immediat	e couse (a)		Fatty me	tamorphosis	of liver	-			
	toting the unde									
1 -		GNIFICANT CONDITIONS CONT	PIRITING TO D	FATH BUT NOT PELATED	TO THE TERMINAL DISEASE	CONDITION GIVEN	IN PART 1/o		19. WAS AU	TOPSY
CATION			KIDOTING TO D	tall but Not kecaleb	TO THE TERMINAL DISEASE	CONDITION GIVEN	IN TAKE I(O)	Pa	YES X	NO _
CERT.	20o. EXTERNAL CA PRIMARY □ or CO CAUSE OF DEATH.		20b. DESCR1	BE HOW INJURY OCCUR	ED. (Enter noture of injury	in Port 1 or Port 1	of item 18.)			
MEDICAL	20c. TIME OF INJI Hour o.r	10	20d. INJUR While of work	Y OCCURRED 20e. Not While of work	PLACE OF INJURY (Home, loctory, street, office bldg.,	etc.)	City or town)	(Count	ty)	(Stote)
	21. I certif	y that I taak charge a	f the remain	ns described abave			, Inqui	ry 🔲,	and in my	apinian
		ted fram: Natural c			Suicide 🔲, Hamic	ide, Und	letermined ma	inner 🗌		
	ACTUAL	R	00	1/2 /.		CAL EXAMINER 2			22 DAT	E SIGNED
	SIGNATURE	1) cusse	4/1	1 mines	IVI. D.	MEDICAL EXAMINER DICAL EXAMINER				- DIONES
	EXAMINER'S NAME (Type)	Russell S	. Fishe	er, M.D.		treet, city, town, or	county) Feb:	ruary	20, 19	67
	BURIAL, CREMATIC REMOVAL (Specify		OF 2	23c. NAME OF CEMETERY	1 1 10		TION (City or Tow	m) (C	ounty)	(Stote)
1ce	moval	1 2/22/	16%	Plesan	t Valley		sh Co	2	21, 8	- 6
24.	FUNERAL DIRECTO	52	11	ADDRESS		REC'D BY REGISTRAF	2Sb. REG	GISTRAR'S SIG	NATURÉ	
10	adele	2 7'lunes	ar /10	me.	DATE DATE	D 9 9 40	07 100	· Lande	. 11	

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

S14 CERTIFICATE OF DEATH

01910

I. PLACE OF DEATH ** g. COUNTY		I CTATE	here deceosed lived, if institution: Resider b. COUNTY	nce before admission)
BALTIMORE	MARYLAND	MARYLA	ND	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If auts	side carparate limits, write RURAL and giv	e nearest town)
FORT HOWARD	1 DAY	BALTIMORE		30-4
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
VETERANS ADMINISTRATION H	OSPITAL	3114 BARCI	AY STREET	YES NO
3. NAME OF First DECEASED (Type or print) JOHN	Middle POI	Last NDEXTER	4. DATE Manth OF DEATH FEBRUARY	Day Year 22 19 67
S. SEX 6. COLOR OR RACE 7. MARRIED	T	B. DATE OF BIRTH	9. AGE (In years IF UNDER	1 YEAR IF UNDER 24 HRS.
MALE NEGRO WIDOWED	DIVORCED	MARCH 3. 190	last birthdoy) Months yrs.	Days Hours Min.
	IND OF BUSINESS OR	11. BIRTHPLACE (County &		TIZEN OF WHAT DUNTRY?
LABORER	ADOSIKI	MONROE COUN		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
JACK POINDEXTER		MINERVA	MAGTIE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give war or dotes af service)	SOCIAL SECURITY NO. 17.	INFORMANT	VA HOSPITAL	The Late
YES WWII 23	3 14 42 81 CL	INICAL RECOR	DS FORT HOWARD, M	IARYLAND
1B. CAUSE OF DEATH (Enter anly one cause per line for	(a), (b), ond (c).)			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) PU	LMONARY EDEMA			ONSET AND DEATH
4200 2000				
Canditians, if any, which gave rise to immediate couse (a),	SSIVE CONGESTION	ON OF THE HE	ART	MONTHS
stating the underlying cause 2				
last. (c) AR	TERIOSCLEROTIC	HEART DISEAS	SE	YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Po	art I ar Part II of item 18.)	
		CE OF INJURY (Home, farm, ary, street, office bldg., etc.)	20f. (City or town) (Co	unty) (Stote)
p.m. 17 at war	k 🔲 at wark 🔲			
21. I certify that (1) (this haspital) attentions saw the deceased alive an FEB 22	ded the deceased fram		205PM, fram causes and an t	he date stated abave
220. SIGNATURE Cher /	evan M.			ATE SIGNED /23/67
22c. PHYSICIAN'S NAME (Type) PETER V. JUVA	N, M. D.	VAH FORT I	HOWARD, MARYLAND	
23a. BURIAL, CREMATION, REMOVAL (Specify) 2-27-67	23c. NAME OF CEMETERY OR BALTTMORE		23d. LOCATION (City or Town) BALTTMORE, MD.	(County) (Stote)
24. FUNERAL DIRECTOR	ODEN FUNERAL	HOME 2Sa. REC'D	BY REGISTRAR'S S	
Turnell B. Oder	1303 Prestma	DATE	AR 3 1967 July	wes Judge

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the deoth certificate be executed within 24 hours after deoth. Page 4 may be retained by the hospital or attending physicion.

VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

. 6.1	M	*	01915		CERTIFICATE	OF DEATH		01911
after death. ne funeral jes 1 and 2 after death.			COUNTY A 1-	Timake Cautside corporate limits,	MARYLAND c. LENGTH OF STAY IN 16	a. STATE W.d.	ere deceosed lived, if institution: Res b. COUNTY	/
24 haurs aftered in by the furpers. Pages 72 haurs after	7.0	10	I. NAME OF HOSPITAL	OR INSTITUTION (If not in he	owsor Gears spital, give street addless)	Bahtim d. STREET ADDRESS	ove	e. IS RESIDENCE ON A FARM? YES NO
e executed within 24 hc and campletely filled in repove carban papers.	90		PAME OF DECEASED Type ar print)		Middle Madey	POLK	DATE Month OF DEATH TO LYUNG 19. AGE (In years IF UN)	Day Year 17 19 4 7
be executed with an and campletely is remove carbar dinany event, with	J)	10a.	Wake USUAL OCCUPATION (Give kind of wark done	ARRIED NEVER MARRIED DOWED DIVORCED DIVORCED DIVORCED NOUSTRY	8. DATE OF BIRTH 27	lost hirthday) Montl yrs. tate, or fareign country) 12	
that the death certificate be executed within 24 haurs after death an. by the attending physician and campletely filled in by the funeral ransit permit. Then please reprove carban papers. Pages I and crematian, ar remaval, and infany event, within 72 haurs after death			FATHER'S NAME	ien Rol	K	14. MOTHER'S MAIDEN NAM	AE DAYSE	<u> </u>
at the death the attendir nsit permit. matian, ar re			s, no, or unknown) (1	IN U.S. ARMED FORCES? f yes give war ar dotes of service TH (Enter only ane cause per WAS CAUSED BY:	020-07-4335	E.WSELSY		INTERVAL BETWEEN ONSEJ AND DEATH
ending physician. s been signed by the as the burial-transit originates to be as the burial-transit original transit.			Conditions, if ony, vise to immediate stating the underly last.	IMMEDIATE CAUSE (a) DUE TO which gove (b) couse (o), DUE TO	arteriosoli Bronchi pulus	rotu Hlast	Tholore	years
IAN: The la al ar atten icate has k far use as Health prid	2	CERTIFICATION	20a. ACCIDENT WAS L	INDERLYING 🗆	SUTING TO DEATH BUT NOT RELATED TO 20b. DESCRIBE HOW INJURY OCCURRED.			19. WAS AUTOPSY PERFORMED? YES NO
PHYSICI e haspit his certif stached Dept. af		MEDICAL CERT	OR CONTRIBUTING C (IF EITHER, NOTIFY M 20c. TIME OF INJUR Hour a.m. p.m.	EDICAL EXAMINER)		CE OF INJURY (Hame, farm, tary, street, affice bldg., etc.)	20f. (City ar town)	(County) (State)
OR ATTENDING be retained by th DIRECTOR: After th 3e 3 should be de ed with the State			21. I certify	that (I) (this hospital) eased alive on Feb	attended the deceased from	t death occurred at 11	350M, from causes and o	1967, that (I) (we) last on the dote stated above. D. DATE SIGNED
be re DIRE ge 3 led w			22c. PHYSICIAN'S NAME (Type)	Newland	and Day M. Edward Day	D. ATTENDING PHYS. DIR 22d. ADDRESS 4-E-33a	RECTOR PHYS. FE	Mayland
ro Hospital Page 4 may ro FUNERAL directar, pa	0		BURIAL, CREMATION REMOVAL (Specify) BUTTA	23b. DATE THEREOF Feb. 21, 1			23d. LOCATION (City or Town) Baltimore, Man	
VR A15 (4)	B		funeral director n. Cook-B:	rooks Towson,	1050 York Road	250. REC'D BY		R'S SIGNATURE CONTROL

4. 夏花草 11016 1111 acrite thysearded Infacot arteris rolling Heart Milledon Birneles produmeries The Stranger of the Stranger o 4-8-33 N Ballyma Waylone

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	DIVIGIO	N OF STATE		ARYLAND STATE				ALTIMODE	1 MADVI	AND
	01910	N OF STATE	STICAL RE	SEARCH AND RECOI			SIREEI, E	SALTIMURE	Ω10	112
18	PLACE OF DEAT a. COUNTY BOU			MARYLAN	D a.	UAL RESIDENCE STATE Md	-1	-b-COUNTY		1
	b. CITY OR TOW Write RURAL Randal	/N (if outside con and give neares	porate limits, t town)	c. LENGTH OF STAY IN	1b c. CIT	Y OR TOWN (If ou		e limits, write i	RURAL and glv	ve nearest town)
			OC 10C 4	in hospital, give street addr	ess) d. STR			lleville	, ka.	ON A FARM?
3.	NAME DF DECEASED	county	First	Middle		Last	4. DATE OF	Month	Day	Year Year
5.	(Type or print) SEX	6. COLOR OR R	ACE 7. MARR	N . M . Z		OF BIRTH	DEATH 9. AGI	E (In years IF L	JNDER 1 YEAR	IF UNDER 24 HRS.
10a	, USUAL OCCUPA	TION (Give kind of	WIDOV work done 10	b. KIND OF BUSINESS OR	11. B	RTHPLACE (Cour	ASTATION AND	birthday) Mo yrs. reign country)	12. CITIZEN	OF WHAT
dur 13.	Housen	cing life, even if i	etired)	AT Home	1 14 N	Rus OTHER'S MAJOE	SIO		COUNTRY	
	Hillel	Eisenber	rg		B	rina	?			
		EVER IN U.S. ARM (If yes give war or o		No	17. INFORM	Mindel R	udman,	5306 Bel	llevill	e Ave.
	18. CAUSE DF	EATH WAS CAUSE	D BY:	per line for (a), (b), and (c).]	el. 01	u kelen				RVAL BETWEEN ET AND DEATH
	420 Conditions, If	IMMEDIATE C	OUE TO	Port in		e - d	Cutrus	kin	2-	3 withs
	gave rise to cause (a), s underlying cau	Immediate that	(b) DUE TO (c)	Congestion	Her	of Fait	2m		2-	ers
ATION	PART II. OTHER	SIGNIFICANT CON		and a	RELATED TO T	HETERMINAL OIS	SEASE CONDITION	ON GIVEN IN PAR	(T 1(a) 19.	WAS AUTOPSY PERFORMED?
CERTIFICATION	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING CAUSE OF	NG DEATH F DEATH XAMINER)		OCCURRED. (I		njury in Part i	or Part II of It		3
MEDICAL	Hour a.	INJURY Month, m. m.	W	od. INJURY OCCURRED 20e hile Not While work at work	PLACE OF IN actory, stree	JURY (Home, farm t, office bldg., etc	.)	or town)	(County)	(State)
		fy that (I) (this	2/.	ended the deceased from	,,,,	occurred at 8	M, from t	he causes and		e stated above.
	22a. SIGNATU	RE	de (Decree	M.D. PHYS		ED. RECTOR	STAFF 2	26. DATE SIG	,
	22c. PHYSICI NAME (1		JOVA		22d		. +1.			
23a	REMOVAL (Sp	ecify)	DATE THEREOF	23c. NAME OF CEME				ION (City, town	. 0	(State)
74			16/67	Hebrew you ADDRESS	9	25a. REC'I	Balti D BY REGISTRA		STRAR'S SIGN	ATURE
1	Sol Levi	nson & B	ros. In	c., 6010 Reist	., Rd.	DATE	4 0 1361	1	wells for	TO SE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

24 hours after deoth funeral 1 ond

certificate be executed

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filled in by 12.72 hours after d event, within 72 completely fi ottending physicion and comp sermit. Then please remove on or removol, and the dry burial, cremation, or removal. signed by the burial-tronsit peen os the prior to hos this certificote for After DIRECTOR:

attending the hospitol or director, page 3 should be detoche shauld be filed with the State Dept. be retained by TO FUNERAL

CERTIFICATION

MEDICAL

ATTENDING PHYSICIAN: The low requires that the death

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland Baltimore a. CQUNTY Baltimore MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
Catonsville c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Catonsville d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENC ON A FARM? 14 Overbrook Rd. 14 Overbrook Rd. YES NO I NAME OF Middle 4. DATE Year DECEASED Feb. Poske (Type or print) Anna DEATH 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** last birthday) Manths White 8-20-90 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRYUSA during most of working life, even if retired) INDUSTRY Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Late - Mary Klein Late - Henry Knapp 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Henry Frei (Yes, na, ar unknown) (If yes give war or dates af service 41-Fork Road, Baldwin, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO _ 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (State) Hour 'a.m. While Nat While foctory, street, affice bldg., etc.) 19 , that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. ta_ and that death accurred at C 35 M, from causes and an the date stated above. saw the deceased alive an. 220 SIGNATURE M.D. DIRECTOR PHYSICIAN'S 22d. ADDRESS 1311 Francis Ave. NAME (Type) James Frederick 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Burial (Specify) Baltimore, Md. Loudon Park Cem. 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR willy Witzke F.D.-4101 Edmondson Ave.

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OTHER DESIGNATION OF THE PARTY	**
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. m. , oleve i i de la company	

MARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF VITAL RECORDS, 301** W. PRESTON STREET, BALTIMORE, MARYLAND 2120

FOR STATE DEPT. HEALTH

18. Give Pages 1, 2, and 3 ta

any delay is

hours after death. If

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. 073	0							UJJ	14
1. PLACE OF DEATH					ESIDENCE (Whe	re deceased lived,		sidence befar	re admission)
o. COUNTY	BAITIA		MARYLAI	o. STATE	MA		b. COUNTY	3017	-0
h CITY OR TOWN	(If outside carporate limit	te	c. LENGTH OF STAY IN 3		OWN /If outsid	le corparate limits,	write PISPAL and		
	and give nearest town)	13,	C. LLIIOIII OI SIAI III I			ie torparare inins,	WITTE KUKAL UTL	give neares	si iuwiij
555					SEX			23	-/
d. NAME OF HOSI	PITAL OR INSTITUTION (If n	at in haspital, g	ive street address)	d. STREET A	DDRESS			- 18	e. IS RESIDENCE ON A FARM?
	VESTWAY	Seu 7		4 <	WEST		500	71+	YES NO
3. NAME OF DECEASED (Type or print)	TOHN	irst	Middle PVLLIA	last .	4	DATE OF DEATH	Month EB	Doy	Year 19 6 7
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BI	RTH	9. AGE (In		IDER I YEAR	IF UNDER 24 HRS.
M	W	WIDOWED	DIVORCED [MAY ;	27,191	3 Sast bir	thday) Mant yrs.	hs Days	Haurs Min.
	ON (Give kind af wark dane ng life, even if retired)	INI	ND OF BUSINESS OR DUSTRY RTIN CO	1 1	LACE (State ar	fareign cauntry)	1:	2. CITIZEN OF COUNTRY?	?
13. FATHER'S NAME		1/4/14	RTIN CO		'S MAIDEN NAM	AF.		VJA	
		1.4.4		A . 0					
WALTER		-1AM	COLLA CECUPITY ALC	MA	KY O	ORDON			
(Yes, na, ar unknawr	EVER IN U.S. ARMED FORCES?	of service)	SOCIAL SECURITY NO.	17. INFORMANT	0		Address		
UNK		22	3-16-7557	MARIE	PULL	IAM	A	BOVE	5
18. CAUSE OF	DEATH (Enter only one co	use per line far	(d) (b), and (c).)	6	0				TERVAL BETWEEN
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE	(0)	on man	4 Ola	dus	in		ON	ISET AND DEATH
420	1	TO							
Conditions, if a	ny, which gave)		1-5-0-41	1-1015	OHS	0			
rise to immedi	iate cause (a),	(b)	7 0 0 0	910	UNI				
stoting the un	derlying cause								
last.	y	(c)						1	
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELATE	D TO THE TERMINAL	DISEASE CONDIT	TION GIVEN IN PAR	T 1(a)	19.	WAS AUTOPSY PERFORMED?
20a. EXTERNAL PRIMARY or or callse of peatl				10-				Y	ES NO
20a. EXTERNAL		20b. DES	SCRIBE HOW INJURY OCCU	KED. Enter nature of	of injury in Par	t I ar Part II af iter	n 18.}		1
PRIMARY OF CAUSE OF DEATH	CONTRIBUTING								
	NJURY Manth, Day, Year	20d IN	JURY OCCURRED 20	e. PLACE OF INJURY	Hame farm	20f. (City or	tawn)	(County)	(State)
20c. TIME OF II	a.m.	While	Nat While	factory, street, affic		201. (City of	IOWIT)	(COOMY)	(sidie)
2	p.m. 19	at wark			,				
21. I cert	tify that I took charg	je of the rem	nains described obov	ve, held an Autar	osy [],	Inspection D	Inquiry	ond	in my opinio
deoth res	ulted from: Notur	ol couses	Accident .	Suicide .	Homicide [_	ined monner		
	ma	A	,		EF MEDICAL EX			_	,
ACTUAL	11/1/19	2111	72	100	ISTANT MEDICA		_ ^	ni	24. DAYE SIGNED
SIGNATURE	0.00	J. WV	1		PUTY MEDICAL E			1	3167
EXAMINER'S NAME (Type)	11.13.0	AVIS.	MD- 6	800 M	D'S CSIDEY /S	Monday or colonial	V- Du	udre	rulus
23a. BURIAL, CREMA		IEREOF	23c. NAME OF CEMETER	RY OR CREMATORY		23d. LOCATION (C	ity ar Town)	(County	(State) .
REMOVAL (Spec	2/6	167	GARDENS	OF FAI	TH	BAL	70 1	MD	
24. FUNERAL DIREC	TOR	/ 6 /	ADDRESS	, , , , ,	2Sa. REC'D B	Y REGISTRAR	2Sb. REGISTRA	R'S SIGNATUI	RE
	41								
5.6.	CONNELLI	SON	5 500	MACE	DATE FF	3 7 19 f	1 100	lander	Judal.

VR A15ME (5) 6M 1/67

5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land 2 with the State Department of

the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examine

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within necessary, please execute the certificate, writing the ward "pending" in pencil, Health priar to burial, cremation, or remaval, and in any event within 72 haurs after death.

The second of th

after death.

24 hours

within

be executed

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEDTICICATE OF DEATH

FEB 8

	0191	Q		CERTIFI	CATE	OF DEATH			915	
	LACE OF DEATH COUNTY	Baltimore		MARYLA		o. STATE Mary		OUNTY Anne	Arundel /	
b	write RURAL on	(If outside corporate limits id give nearest tawn) isville	,	c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporote limits, v Lyr9mthlldys Annapolis, Marylan						
d		TAL OR INSTITUTION (If no	ot in hospitol, give s	street oddress)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?	
S	PRING	GROVE STATE	E HOSPIT	CAL		Box 122-	R.F.D. #3		YES NO	
D	IAME OF ECEASED Type or print)		ohn	Middle		lost Purcell	OF	oruary	Doy Year 2 19 67	
S. S	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	-de-	. DATE OF BIRTH	9. AGE (In year	Months	YEAR IF UNDER 24 HRS Doys Hours Min.	
n	ale	white	WIDOWED	DIVORCED		1877	gas birthdoy	s. Moints	DOYS HOURS MIII.	
10o. durir	na most of working	N (Give kind of work done life, even if refired)	INDUST	OF BUSINESS OR RY		11. BIRTHPLACE (County Ireland	& Stote, or foreign country)		IZEN OF WHAT	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			
	Simo	n Purcell				Johanna M	ascal			
		ER IN U.S. ARMED FORCES?		AL SECURITY NO.	17. 10	NFORMANT	A	ddress		
(Yes	, no, or unknown)	(If yes give wor or dates of	186	5-03-8943	Re	cords: SPR	ING GROVE	STATE	HOSPITAL	
	Conditions, if one rise to immedia stating the undelest.	te couse (o),	10 (b) Arte	erioscler	osis	, generaliz	ed			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)									19. WAS AUTOPSY PERFORMED? YES NO	
L CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OCC	URRED. (Enter nature of injury in	Port I or Port II of item 18.)		
MEDICAL	Hour a	m 19	While	Not While	focto	E OF INJURY (Home, form ory, street, office bldg., etc.)			unty) (Stote)	
	21. I certify that (%) (this haspital) attended the deceased fram April 1819 62 to Feb. 2, 1967, that (%) (we) to saw the deceased alive an Feb. 2 1967, and that death accurred a 15 M, fram causes and an the date stated above									
	22o. SIGNATURE	Sulla	Wall	isler	M.D	ATTENDING PHYS.	MED. STAFF PHYS.	2-2	ATE SIGNED 2-67 HOSPITAL	
	22c. PHYSICIAN' NAME (Type	Stella	Wachsle	r. M.D.						
		0, 000==0		3c. NAME OF CEMETI			timore, Mar	yland 2.	1228	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66

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district second	- EDAN LE TAL : Macaell Late - Mail	
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1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	01920 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01916
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY BALTIMORE MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY BALTIMORE MARYLAND BALTIMORE
the funeral of the funeral e 5 may be Department after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
the further fu	DUNDALK 27 YRS. DUNDALK 21222 03-/ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
Page Page tate Dours aff	1900 WASHINGTON ROAD 1900 WASHINGTON ROAD YES NOX
delay is not a to Page . State hours	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED
any dela 2, and PM3. F	(Type or print) MARIE DEITZ RABER DEATH 2/14/1967 19
th. If an form P form P within	ast birthday) Months Days Hours Min.
	FEMALE CAUCASIAN WIDOWED DIVORCED 11/29/1908 58 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
E X X	HOUSEWIFE MARYLAND USA
hours afte em 18. Gi ice along e pages 1 nd in any	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME TROPE A. T. A. T. C. L. T. D. D. T. C. L. T. D.
24 horn ltem Office File ,	GEORGE DEITZ EMMA J. AILSHIRE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
ili in 2 r's 0 rit. I	(Yes, no, or unkown) (If yes give war or dates of service) NONE JACK RABER (AS IN 2 ABOVE)
ted within 24 hours 'in pencil in Item 1 Examiner's Office a ssit permit. File pag or removal, and in	18. CAUSE OF DEATH (Enter only one cause penulne for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
ld be executed "pending" in if Medical Exan burial-transit I cremation, or I	a they immediate cause (a)
execution and a secution a s	Conditions, If any, which (b)
Id benia buria crema	gave rise to immediate cause (a), stating the DUE TO
shoul word Chief as a rial,	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEN?
ficate shorthe word the word or the Chiral used as to burial,	PERFORMED? YES NO
= m = 0 -	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. JEnter nature of Injury In Part 1 or Part 1 of Item 18.) PRIMARY IT OF CONTRIBUTING CAUSE OF DEATH.
R: This cate, wri forward 3 should	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PIACE Of INJURY (Home, farm, fagtory, street, office) dispose, etc.) 4 hop a.m. 2-141967 while at work at wore work at
EXAMINER: certificate nould be fo les. Nr. Page 3 signated ag	21. I certify that I took charge of the remains described above, held an Autopey , Inspection X, Inquiry X and In my opinion
At EXAMI the certi I should b r files. CTOR: Pag designate	death resulted from: Natural causes, Accident, Suicide, Homlcide, Undetermined manner
S E L A	ACTUAL ACTUAL ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
FY MEDIC execute Page 4 for you RAL DIRE th or its	DEPUTY MEDICAL EXAMINER 2/16/67
o DEPUTY MEDIGAL EXA please execute the cr director. Page 4 shou retained for your files. O FUNERAL DIRECTOR: of Health or its design	NAME (Type) MELVIN B. DAVIS (DOCUMENT STATE OF COUNTY) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or county) (State)
of February of February	REMOVAL (Specify) BIRTAL 2/1767 OAKLAWN BALTO, CO., MARYLAND
A	24. FUNDAL DIRECTR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15ME 3500 4-64	W. BROOKS BRADLEY, DUNDALK, MD. DATE FEB 17 1967 Charles Judge

A 14:10

A 1 Saute and the terms of the term The Table 1 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0192			CERTI	FICATE	OF DEATH			0	1917	
	ACE OF DEATH COUNTY Baltimo	re		MAR	RYLAND	2. USUAL RESIDENCE (o. STATE Marylane		d, if institution: b. COUNTY		efore odmission	"]_
b.	CITY OR TOWN	(If outside corparate limit	ts,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If at		s, write RURAL	ond give ne	orest town)	
	Towson	d give nearest town)				Baltimo	re - 2122	4		30.4	
d.	NAME OF HOSPI	TAL OR INSTITUTION (If n	at in haspital	, give street address)		d. STREET ADDRESS				e. IS RESIDE ON A FAR	
	St. Jos	eph Hospita	al			702 Sou	th Highla	nd Aver	nue	YES N	
DE	AME OF CEASED ype or print) K	thering	irst .	Middle Katle	Ran	lost 1 5auer	4. DATE OF DEATH Feb	Month ruary		Doy Year 4 19 6	
S. SE		6. COLOR OR RACE	7. MARRIEI	NEVER MARRI	ED E	B. DATE OF BIRTH	9. AGE	(In years	Months Do		
Fe	male	White	WIDOWE	DIVORC	ED 🗆 .T	une 2 .19		yrs.	Months Do	ys Haurs	Min.
10o. U during	mast of working	N (Give kind of wark done life, even if retired)		KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (County Germany		untry)	COUNTI	N OF WHAT RY?	
13. F	ATHER'S NAME	WOLA		A G HOUSE		14. MOTHER'S MAIDEN	NAME			MA 114	
		Anton	1417.4		Direction of the last	F	Bertha W	elsing	rer		
15. V	WAS DECEASED EV	ED IN HE ADMED CODCEC	1	S. SOCIAL SECURITY NO.	17. 1	NFORMANT		Address		ester,	N/A
(Yes,	no or unknown)	(If yes give war ar dates	of service)		Co	el F. Hol	to SE H	111 er	est C	irela	Last
C ri s k	PART I. DEA 3327 Conditions, if ony ise to immedia stoting the under ast.	/, which gove te couse (o), erlying couse	(c) Core	ebral arter erioscleros tal cirrhos	sis, g	generalized				ONSET AND DE	ATH
ATION	PART II. OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING	S TO DEATH BUT NOT R	ELATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN P	ART I(a)		PERFORMED	
E (OR CONTRIBUTING	AS UNDERLYING GCAUSE OF DEATH MEDICAL EXAMINER)	20b.	DESCRIBE HOW INJURY	OCCURRED.	(Enter nature af injury in	Port I ar Port II of	tem 1B.)			
MEDICAL	Haur o.	URY Manth, Day, Yeor m. m. 19	Wh	INJURY OCCURRED ile Not While ork of work		E OF INJURY (Home, for ory, street, office bldg., etc.		ar town)	(County)) (51	tote)
	21. I cert	ify that (7) (this ha	spital) atte	ended the decease	d fram <u>J</u> a	inuary 22,	19.67 , to Fe	bruary	4 19 67	, that (b) (w	ve) la:
			ebrua	ry 4, 19 67,	and that	death accurred at	1.8:05 M, tran	n causes an			abav
9	22a. SIGNATURE					ATTENDING	MED.	STAFF 1977	22b. DATE S		
	Co	mun 4.	Kupe	d	M.E). PHYS. L		PHYS.	Febru	ary 4,1	.967
	22c. PHYSICIAN' NAME (Type	Ramon P. I	opez,	M. D.		22d. ADDRESS 7620 Yo	ork Road,	Towsor	14, M	d.	
	BURIAL, CREMATI		T =67	23c. NAME OF CER		crematory Center	23d. LOCATION 4701	(City or Town)			ote)
	FUNERAL DIRECT		901 8	. Conkist	ng Si	250. REC	D BY REGISTRAR		STRAR'S SIGNA		, Ma

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health prior ta burial, crematian, ar remaval, and in any event, within 72 haurs after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

_	01922	CERTIFICATE	OF DEATH		01918				
N	PLACE OF DEATH O. COUNTY BALTIMORE	MARYLAND	2. USUAL RESIDENCE (W o. STATE	Where deceosed lived, if institution: I MARYLAND b. COUNTY	Residence before odmission) BALTIMORE				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) FORT HOWARD	c. LENGTH OF STAY IN 16 126 DAYS	BA	tside corparate limits, write RURAL a	03-1				
7	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, VETERANS ADMINISTRATION				e. IS RESIDENCE ON A FARM? YES NO X				
	3. NAME OF First DECEASED (Type or print) JAMES	Middle WILLIAM	Lost RANDALL	4. DATE Month OF DEATH FEBRUAL	Doy Year				
	S. SEX 6. COLOR OR RACE 7. MARRIED MALE NEGRO WIDOWED	NEVER MARRIED 8	DATE OF BIRTH 9/3/07		UNDER 1 YEAR IF UNDER 24 HRS. onths Doys Hours Min.				
	during most of working life, even if retired)	IND OF BUSINESS OR NOUSTRY ELIVERY TRUCK		S Stote, or foreign country) E MARYLAND JAME	12. CITIZEN OF WHAT COUNTRY?				
	(Yes, no, or unknown) (If yes give wor or dotes of service)		Minerva s	TEWART Address VA HOSPITAL, F	r HOWARD. MD.				
	1B. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	r (o), (b), ond (c).)			INTERVAL BETWEEN MONTHS MONTHS				
	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost.	ENTOTAL NETTHOS	CTEVOSTO		FIGNIES				
3	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		LABETES MEL	LITUS.	19. WAS AUTOPSY PERFORMED? YES NO				
	2Dc. TIME OF INJURY Month, Doy, Year Hour a.m. p.m. 19 2Dd. While of wor	Not While focto	E OF INJURY (Home, form ry, street, office bldg., etc.)		(County) (State)				
	21. I certify that (%) (this haspital) attended the deceased fram 10/11/66, 19, ta 2/14/67, 19, that (%) (we) las saw the deceased alive an 2/14/67, 19, and that death accurred on the date stated abave 220. SIGNATURE 220. SIGNATURE ATTENDING MED. STAFF 221. I certify that (%) (this haspital) attended the deceased fram 10/11/66, 19, ta 2/14/67, 19, that (%) (we) las saw the deceased alive an 2/14/67 in the date stated abave 220. SIGNATURE 220. SIGNATURE ATTENDING MED. DIRECTOR PHYS. 2/14/67								
1	22c. PHYSICIAN'S NAME (Type) GEORGE DUDAS, M	. D.	22d. ADDRESS VAH FOR	T HOWARD, MARYL	AND				
0	230. BURIAL (REMATION, REMOVAL Specify) 2/17/67	23c. NAME OF CEMETERY OR C	TIONAL	23d. LOCATION (City or Town) BALTIMORE, M.					
1	24. FUNERAL DIRECTOR	ADDRESS NUTTER FUNERAL			RAR'S SIGNATURE				

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in ony event, within 72 haurs after-deeth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Poge 4 moy be retained by the hospital or attending physician.

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2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending playsician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Their please remove carban popers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death; mo

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	UISZ	3		CERTIF	ICAIL	OF DEATH			()19	19	
1.	PLACE OF DEATH		WY Y				CE (Where de	eceased lived, if institu		nce befor	e odmissi	an)
	a. COUNTY B	altimore		MARY	YLAND	a. STATE Ma:	ryland	b. (Ol	Ce	cil		-
	b. CITY OR TOWN (If outside corporate limi d give negrest tawn)	ts,	c. LENGTH OF STAY I	N 1b			rparate limits, write RI	URAL and giv	e neares	t tawn)	
	Cato	nsville		3mthlldys		Elkton		land			07	-2
	d. NAME OF HOSPIT	AL OR INSTITUTION (If r		give street address)		d. STREET ADDRESS		N			e. IS RESII	
	SPRING	GROVE STA	TE HOS	PITAL		/ Dev/ine/)	1/a/v/e/h/	phrsing/A	6/m/e/		profession .	NO 🗌
3.	NAME OF DECEASED		irst	Middle		Lost	4. DA			Doy	Ye	
	(Type ar print)		Otis			eagan		ATH Febru		2		67
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		. DATE OF BIRTH	- 000	9. AGE (In years last birthday)	IF UNDER Months	Doys	Hours	Min.
	male	white	WIDOWED			Feb. 18,		10 yrs.				
	o. USUAL OCCUPATION	I (Give kind of work done life, even if retired)		IND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (Co		ar tareign country)	12. (1	TIZEN OF DUNTRY?	WHAI	
	EATHERIS HAAR					Mary			0.	. S.		
13.	FATHER'S NAME				6	14. MOTHER'S MAII						
10		chibald R IN U.S. ARMED FORCES	T 1/	SOCIAL SECURITY NO.	17 1	Georgran	na Bla		ress			
(Y	es, na, ar unknawn)	(If yes give war ar dates	of cervire				מנד חח			TIOOT	TUAT	,
-	Luc sauss of D	PAYIL (F. A		4-18-2974	l re	cords: S	PRING	GROVE S'	TATE		PITAI	
	PART I. DEA	EATH (Enter only one co TH WAS CAUSED BY:	MINTO		TNEA	RCTION					UNE	
	4201	IMMEDIATE CAUSI	(a) <u>1110</u>	ONIDIAL	T14 1. 27	HOT TON				120	/ U L L	
	Canditians, if any			ERIOSCIE	ROTT	C CARDIO	DVA SC	IIT. AR HEA	בת ידא	TS.	20	vrs
	rise to immediat		E TO	LILL COO IE.		o omino i	7 7 7 7 7 7 7					3.1.10
	stating the unde	riving couse	(c) ART	ER TOSCLE	ROST	S. GENER	RAT. TZ	ED			20	vrs
-	PART II. OTHER SI	GNIFICANT CONDITIONS								19.	WAS AUT	
ATION	Pulmo	nary empl	ovsema	and pul	mona	rv fibro	sis			Y	PERFORM S	NO X
TEC	20o. ACCIDENT WA	S UNDERLYING	20b. DE	SCRIBE HOW INJURY O	CCURRED.	Enter noture of injur	y in Part I or	Part II af item 18.)		3 45		
CER		MEDICAL EXAMINER)										
MEDICAL CERTIFICATION		URY Month, Day, Year		NJURY OCCURRED		E OF INJURY (Home,		Of. (City or town)	(Ca	unty)		(State)
ME	Haur o.r	10	While at war		racro	rry, street, office bldg.	, etc.)					
	21. I certi	fy that 本) (this ha	spital) atten	ded the deceased	fram	Oct. 18	, 19 <u>6</u> 0	ta_Feb. M, fram causes	2, 19_	67 th	at (44) (we) las
	saw the d	eceased alive an_	Fab.	2 1967,	and that	death accurred	at	M, fram causes				d abave
	22a. SIGNATURE	lilla.	11/1	un. //	10	ATTENDING	MED.	STAFF C		ATE SIGN		
	22c. PHYSICIAN'S	MAN (1800)	1/2/1	Charalff.	M.I	PHYS. L	J DIRECTO		STATE '		SFIT	L
	NAME (Type		JA You	ing, M.D.				nore, Maryl		-		
230	BURIAL, CREMATIC	JN. 23b. DATE TH	IFREOF	23c. NAME OF CEMI	ETERY OR (. LOCATION (City or T		(County) (5	Stote)
1	REMOVAL (Specify		1 -	ST. 3	Ohn	5	200		Co,	(200)		6
24	FUNERAL DIRECTO			ADDRESS			REC'D BY REC	GISTRAR 2Sb. F	REGISTRAR'S		E _	
	E.S. m	Tac Malt	_ 6	Balfo 212	28	M DATE	FER	1 4 1967	gole	arle	o Ju	dal
												- Cal

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending by sician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. be executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OF STATISTICAL RESEARCH AND RECORDS AND RESTON STREET, BALTIMORE 1, MARYLAND
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		1010
PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before admission)
Baltimore County MARYLAND	a. STATE Mary Land b. COUNTY	ーナルー
b. CITY OR TOWN (if outside cornorate limits c ENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL	end give nearest town)
Mount Wilson 120 days	Baltimore 21217	30,4
d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
Mount Wilson State Hospital	1143 N. Mount St	ON A FARM? YES NO A
3. NAME DF DECEASED (Type or print) Middle	Red Wond DEATH Month	Day Year 1967
5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 8	8. DATE OF BIRTH 9. AGE Un years IFUNDER 1	
WIDOWED DIVORCED	6-12-91 735 Dirthday) Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	1 11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	Virginia	UNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME,	
John Watty	mary shelton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17.	INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service) 219 - 30 - 8376 Re	cords, Mt. Wilson State Hos	spital
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	A	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Tuber Culo	ous Meningitis	5mo
002./ DUE TO	/	3
Conditions, If any, which) (b)		
gave rise to immediate (cause (a), stating the DUE TO		
underlying cause last. (c)		A COLUMN
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
Minimal Pulmonary Ti	u perculosis	YES NO Z
	IRRED. (Enter nature of Injury in Part I or Part II of Item 18.)	
	CE OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE 20d. INJURY OCCURRED 20e. PLACE 4 d. 4 d. 5 d. 5 d. 6 d	ry, street, office bldg., etc.)	(0.0.10)
p.m. 19 at work at work	30-d 16 3 1	1
21. I certify that (I) (this hospital) attended the deceased from	10-4, 1966, to 2-1, 196	that (I) (we) last
saw the deceased alive on 2=1 1967, and that	t death occurred at M, from the causes and on the	
22a SIGNATURE	ATTENDING MED. STAFF	ATE SIGNED
220 MYSICIAN'S M.D		1 01
Wm. Newcomer, M.D. Superintendent	Mount Wilson, Maryland	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		nty) (State)
Principal (Specify)	an Antide bo	1
24 FUNERAL DIRECTOR ADDRESS	1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	S SIGNATURE
deres S. Kelon 1348 N. Calheren	134 === 0 1007 07/1=	ela Jusa
	DATE 15 3 196/	7

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

N :	-	01925		CERTIFICA	ATE OF DEATH		01091	
uneral and r death		1. PLACE OF DEATH o. COUNTY Q 14:		ALADAM AND	a. STATE AA I	Where deceosed lived, if institut b. COU	TY O I.	
4		b. CITY OR TOWN (If outside co	rporote limits,	c. LENGTH OF STAY IN 16	7.100	tside carparate limits, write RU		ovn)
0 5		write RURAL and give neares			Catons	ille	03-1	
papers.		d. NAME OF HOSPITAL OR INSTIT	A	give street address)	d. STREET ADDRESS	1 1	e. I	S RESIDENCE ON A FARM?
pape hin 7	00	601 Edmonds	on Ave.			ndson Ave.	YES	702
		3. NAME OF DECEASED (Type or print)	Edward	William	Reichelt	4. DATE Mont	ary 25	Year 19 67
remay remay		male 6. COLOR 6. Whi	te vidowed	NEVER MARRIED DIVORCED	8. DATE OF BIRTH Aug. 23, 19	9. AGE (In yeors last birthday) yrs.		UNDER 24 HRS. lours Min.
transit permit. Then please rema crematian, ar remaval, and in any		10a. USUAL OCCUPATION (Give kind of during most of working life, even if rurnace lender	f work done 10b. Ki	IND OF BUSINESS OR IDUSTRY Co.	Baltimor	& State, or foreign country) .e. Md.	12. CITIZEN OF W	USA
at, o		13. FATHER'S NAME			14. MOTHER'S MAIDEN I			
Ther		Arthur Re			Mary Ve			
nit.	1.7	1S. WAS DECEASED EVER IN U.S. ARN (Yes, no er unknown) (If yes give v	ED FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT	Addr		
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nsit	М	PART I. DEATH WAS CAU		Manual Cel	I Pascinon	ra left me	CR ONSET	AND DEATH
signed by the burial-transit burial, crema		1914	DUE TO	Drimary "	inknown	-) 1	0 1.1	1
burial-t burial-t burial,		Conditions, if any, which gave rise to immediate cause (a),	(0)	0 0	/	ana	114.	mos.
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hed far u		NOTIFIED TO SET THE CAUSE OF CONTRIBUTING CAUSE OF CAUSE	DEATH	ESCRIBE HOW INJURY OCCURI	RED. (Enter noture of injury in	Part I or Part II of item 18.)		
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d be e Sto				ded the deceased from	n ang	962, to Feb	, 19 <i>6</i> /, that	
th the thick		saw the deceased a	live on 21 da	14 <u>0</u>	that death occurred at	3 A. M, from couses	22b. DATE SIGNED	stoted obove
DIRECTOR: ge 3 shaut led with th		Anthur	I finn	inski	M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	25 Feb	1967
r, page fill	1	22c. PHYSICIAN'S NAME (Type)	thur G	. SININ	SK, 22d. ADDRESS 6	Park A	Ve	
director, po	R	230. BURIAL, CREMATION, 23 REMOVAL (Spycify)	2/28/67.	23c. NAME OF CEMETERY Baltimore	Cemetery	Baltimore	// // //	(State)
R A15 (4)	n	24. FUNERAL DIRECTOR	100	ADDRESS	14 /	M	GISTRAR'S SIGNATURE	dat
20 M 1/66	V	Leonard Y. Ku	ick ync D	altimore, 1	nd. DATE	3 2 7 1967 14	my bone	200

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEL DIVISION OF STATISTICAL RESEARCH AND RECOI funeral 1. PLACE OF DEATH a. CQUNTY Baltimore the id 2 MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 Reister stown vear d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Highme adow Road 3. NAME OF Middle DECEASED EDGAR (Type or print) A. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX Male and White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Self-Employed Interior Decorator 13. FATHER'S NAME Charles H. Reilly | 16. SOCIAL SECURITY NO. | 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no_or unkown) | (Ifyesgive werordetes of service) Mrs.Beulah M 18. CAUSE OF DEATH |Enter only one cause per-line for (a). þ PART I. DEATH WAS CAUSED BY: physici MMEDIATE CAUSE (a) been signed geve rise to immedieta cause (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) certificate as 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20c. TIME OF INJURY Month, Day, Yeer L'Not While While Hour a.m et work et work p.m. saw the deceased alive on..... 220. SIGNATURE leath. Page 4 director, page be filed with it 22c. PHYSTETAN'S NAME (Type)

and that death occurred at ATTENDING PHYS. DIRECTOR PHYS. 22d. ADDRESS 23e. BURIAV, CREMATION, | 23b. DATE THEREOF OF CEMETERY OR CREMATORY REMOVAL (Specify) Park Cemeterw 25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNAT Owings Mills, Md DATE

ARTMENT OF HEAL 301 W. PRESTON STREET		APVIAND
OF DEATH		1922
o. STATE Maryland c. CITY OR TOWN (If outside corp	Baltimor	·e
Reisterstown d. STREET ADDRESS 308 Highmean	n n	IS RESIDENCE ON A FARM YES NO
Lest 4. DATE	Month	Dey Yeer
EILLY, Sr. DEATH	February	11, 1967
ov. 6, 1/890/	last birthday) 77 yrs. Months Da	Hours Min.
11. BIRTHPLACE (County & State, or		
Baltimore, Ma	aryland U.	S.A.
4. MOTHER'S MAIDEN NAME		

Anna Lee Jacobs

Addison Highmesdow Rd. Reilly, Reister stown Md.

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? NO C

20f. (City or town) fectory, street, office bldg., etc.)

a, that (I) (we) last M, from the causes and on the date stated above. 22b. DATE SIGNED

23d. LOCATION (City, town or county)

Woodlawn, Maryland

(Stete)

VR A15 (4) 15M 7-62

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TO FUNERAL DIRE. R: After this certificate has been signed by the attending physician, and completely filled in e funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remark carbon popers. Pages 1 and 2 shauld be filed with the State Board at Health prior to burial, crematian, ar remaral, and in any event, within 72 hours after death. after death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

VR A1S (4) 15M 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

P. PLACE OF DRATH O. COUNTY Baltimore	019	27	Ttems CERTIFI	CATE OF DEA	TH /67	mh	01	923	
Real code give neorate town Salt imore Life Baltimore 21228 Salt imore Code C			MARYL	OTA WE	,		na Li	E. 1. III (0 7°	sion)
d. STREET ADDRESS ROLLING COLOR IN PART 1 (a) 19 67 S. SEX S. COLOR OR RACE WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED S. SEX S. COLOR OR RACE WIDOWED DIVORCED DIV		ive nearest town)		v 1b c. CITY OR TOW	N (If outside corpo	-	URAL ond give r	nearest tow	n)
3. NAME OF First Middle Lost		Baltimore				21228		30	4
Discretized	OR INSTITUT	ION		20	7 210 22 21.			ON	A FARM?
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during most of working life, even if retired) Maryland Maryla	5. SEX	141	/// [- 100 1000		lost birthdoy)		_	1
13. FATHER'S NAME Nicholas Reiter 14. MOTHER'S MAIDEN NAME Nicholas Reiter 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (ct); (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c). DUE TO Conditions, if one, which gove rise to immediate ouse (c). INFORMANT DUE TO Conditions, if one, which gove rise to immediate ouse (c). INFORMANT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY FERFORMEDY, YES ON ACCIDENT WAS UNDERLYING COLUMN CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY FERFORMEDY, YES ON ACCIDENT WAS UNDERLYING COLUMN C	10a. USUAL OCCU	PATION (Give kind of work don f working life, even if retired)	e 10b. KIND OF BUSINESS OR			ountry)			
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Text	Nicho	las Reiter		Max	ry Louise	Kobhler			
PART 1. DEATH WAS CAUSED BY: DUE TO	(Yes, no, or unknown)			17, INFORMANT		Add	ress	715	
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21. I certify that (I) (this haspital) attended the deceased from 19.52 to 2.10 19.6 that (I) (we) last saw the deceased alive an 2.10 19.6 and that death accurred at 2.5 M, from the causes and on the date stated above 220. SIGNATURE 22b. DATE SIGNED PHYS. DIRECTOR PHYS. DIRE	20a. ACCIDEN OR CONTRIBU	ITING CAUSE OF DEATH	b. DESCRIBE HOW INJURY OC	CURRED. (Enter noture of inj	ury in Port I or Por	t II of item 18.)			
saw the deceased alive an 2 b 19 7, and that death accurred at 2 M, from the causes and on the date stated above. 220. SIGNATURE 220. SIGNATURE ATTENDING MED. STAFF SIGNED 221. ADDRESS NAME (Type) POTE A RETEY MD 222. ADDRESS NAME (Type) POTE A REMOVAL (Specify) 232. NAME OF CEMETERY OR CREMATORY 232. NAME OF CEMETERY OR CREMATORY 233. DEATION (City, town, or county) 234. DEATION (City, town, or county) 235. REGISTRAR'S SIGNATURE 24 EUNERAL DIRECTOR'S SIGNATURE 250. REC'D 8Y REGISTRAR'S SIGNATURE	20c. TIME OF I). m.	While Not while	20e. PLACE OF INJURY (Hom foctory, street, office bld	e, form, lg., etc.) 20f. (City	or town)	(Count	ty)	(Stote)
22c. PHYSICIAN'S NAME (Type) ROLET A RETEN D. 22d. ADDRESS COMMINISTRY 23d. DATE JIEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. JOCATION (City, town, or county) (Protein Land of Comministry Commini		01	69		1.46	3/10	/		,
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the land of the state of the st	230 BURIAL, CREA PREMOVAL (Sp 2000 Cd		23c. NAME OF CEME	LE LE NEWATORY	23d. 10CA	ret		1	7/1
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M. Inc., Dundalk, Md.

DATEFFR

MARYLAND STATE DEPARTMENT OF HEALTH

PALTO

Months

Days

12. CITIZEN OF WHAT

19.

DATE SIGNED

(County)

22b.

MASS.

YES .

COUNTRY?

Sweden

e. IS RESIDENCE

YES

ON A FARM?

Year

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

PERFORMED? NO T

(State)

(State)

NO

VR A15 (4) 15M 4-64

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FOR STAT HEALTH D necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shalld be forwarded to the Chief Mariana of the the C the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If files. 5 may be retained far yaur

VR A15ME (5)

1	01929	WED	ICAL EXAMINER'	S CERTIFICATE O	F DEATH	01925		
	PLACE OF DEATH -C. COUNTY			- CTATE	F (011)	tion: Residence before admission)		
	Reltimore		MARYLAND	laryl no	3.000	Washington		
	b. CITY OR TOWN (If autside carparate I write RURAL and give nearest town)	imits,	t. LENGTH OF STAY IN 1b		itside carparate limits, write RU	RAL and give nearest town)		
17	Ovince Mills		15 ms.	Hagersto	own	21-2		
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g	ive street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
	Reserved State	Korni tal		1730 M	er hall St.	YES NO		
3.	NAME OF	First	Middle	Lost	4. DATE Mon	th Day Year		
	OFFICE OF PRINT TO THE TENT OF	A	Rhi	nehart	OF DEATH F	b. 23 19 67		
S.	SEX 6. COLOR OR RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS		
	Male Whit		DIVORCED	8/2/44	last birthday)	Manths Days Hours Min.		
1De dui	 USUAL OCCUPATION (Give kind of work d ring most of working life, even if retired) 	IN	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY? W.SA.		
	non	4		Hagerstown	D .	W.SA.		
13	. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
I	Paul Franklin R	hinehart	THE RESERVE	Toron 1	Clirabeth Eli	ckenstaff		
15	es, no, ar unknown) ((If yes give war or da	ES? 16.	SOCIAL SECURITY NO. 17	. INFORMANT	Addre	ess		
1,	es, no, or onknown) (in yes give wor or do	les of service)	T D	arended moco	nda Ranovas	d State Hourital		
-	18. CAUSE OF DEATH (Enter only one	cause per line for				INTERVAL BETWEEN		
	PART I DEATH WAS CAUSED BY	1155 (-)	exphasia	due to a	spiration of	ONSET AND DEATH		
	3 255 IMMEDIATE CA	DUE TO	7	11/1/	P	-		
	Conditions, if any, which gave	(b)	Har	desiled Ex	9	45 mm		
	rise to immediate couse (a),	DUE TO	+60 4-1	1-	U			
	stating the underlying cause	(c) me	neal delard	entn	spiration of			
18		101				19. WAS AUTOPSY		
S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
S	20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I appart II of item 18.)							
CERTIFICATION	20g. EXTERNAL CAUSE WAS PRIMARY Tor CONTRIBUTING CAUSE OF DEATH.	206. DE	ceased grathe	Lus mon	sium ega v	+ stoffed it		
S	2Dc. TIME OF INJURY Month, Day, Yea		JURY OCCURRED 2De. P	LACE OF INJURY (Home, form	. 20f. (City or town)	(County) (State)		
MEDI	7:45 pm 7.6-23	1967 While	Nat While D	octory, street, office bldg., etc.	top Owings m	rills Balle. md.		
	21. I certify that I took ch							
	death resulted fram: Na							
	dean lesoned ham,	Total caoses	, Accident [7], St	CHIEF MEDICAL		lottilet		
	ACTUAL 9	Engle	e e	***************************************	ICAL EXAMINER	22. DATE SIGNES		
		enge		M.D.	AL EXAMINER 🔀	m . h fee . l		
	EXAMINER'S NAME (Type)	EAP	LES, M.		t, city, town, or county)	2-23-1		
23	a. BURIAL, CREMATION, 23b. DATI		23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City or To			
	REMOVAL (Specify)	26-67	Rest Have	n Cemetery	Hagerst	wn, Md.		
2	A FLINEDAL DIDECTOR		ADDRECC	I asa DEC'I	DV DECICIDAD 206 PI	CICTDAD'C CICNATIIDE		

Minnich Funeral Home, Hagerstown, Md.

Congress of the transfer one Labour Colonial to

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	01930		CERTIF	ICATE	OF DEATH		0192	26
	ACE OF DEATH COUNTY BALTI	MORE	MAR	YLAND	2. USUAL RESIDENCE (Who o. STATE A P	ere deceosed lived, if 2 TLHND	institution: Resident b. COUNTY	te before odmission)
	CITY OR TOWN (If autside corporate write RURAL and give nearest town)	ILLE	c. LENGTH OF STAY		c. CITY OR TOWN (If outs	ide corporote limits, wi		neorest town)
d. 1	NAME OF HOSPITAL OR INSTITUTION (If not in hospitol,	give street address) OME		d. STREET ADDRESS	FAMPN	ETT AC	e. IS RESIDENCE ON A FARM? YES NO NO
DE	ME OF CEASED pe or print) EMM	First	Middle M	RIC	Last HARDSOM	4. DATE OF DEATH	Month EB	Doy Year 1 19 67.
S. SEX	FE 6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIE DIVORCE		DATE OF BIRTH 10/28/18	9. AGE (In y	eors IF UNDER 1 doy) Months yrs.	YEAR IF UNDER 24 HRS. Doys Hours Min.
1Do. US during	SUAL OCCUPATION (Give kind of work of most of working life, even if retired)		IND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (County &	Stote, or foreign country		IZEN OF WHAT UNTRY? _ S.
13. FA	LEWIS T-	BEN	NETT		14. MOTHER'S MAIDEN NA	ME M A	SILE	NCE
1S. W (Yes, r	AS DECEASED EVER IN U.S. ARMED FOR no, or unknown) (If yes give wor or do		SOCIAL SECURITY NO. 13-46-272		NFORMANT ason	ic Hon	Address Le Roc	ende
1	8. CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY: IMMEDIATE CA	1,1%	(o), (b), and (c).)	nei	moring a	arginal	8~	INTERVAL BETWEEN ONSET AND DEATH
Co	4200 onditions, if ony, which gove	DUE TO 2 a	iterio Ce	Peral	the Raert	disease	2_	
st	se to immediate couse (a), oting the underlying couse st.	DUE TO 3 C	erelio Va	rsh	lar alles	lent		
ATION	ART II. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING	TO DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE COND	ITION GIVEN IN PART	1(0)	19. WAS AUTOPSY PERFORMED? YES NO
(FRT	00. ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF DEATH F EITHER, NOTIFY MEDICAL EXAMINER)	205. DI	ESCRIBE HOW INJURY O	CCURRED. (Enter noture of injury in Po	rt I or Port II of item	18.)	
MEDICAL	Oc. TIME OF INJURY Month, Doy, Yel Hour o.m. p.m.	or 2Dd. I While of wor			E OF INJURY (Home, farm, rry, street, office bldg., etc.)	20f. (City or to	own) (Cou	inty) (Stote)
	21. I certify that (I) (this haspital) attended the deceased from the first occurred at 4.35 M, from causes and an the date stated above							
	220. SIGNATURE fam Shid Hilliam MD. ATTENDING DIRECTOR PHYS. D 12/1/67.							
	22c. PHYSICIAN'S NAME (Type)	SHID	HAME		22d. ADDRESS	SUNIC	HOME	
Bu	BURIAL, CREMATION, 23b. DATI	THEREOF H-67	23c. NAME OF CEM	1)	RK CEM.	BALTIMO	ORE MAY	(County) (State)
24. F	MERAL DIRECTOR BROCK	5 louse	N TOUSON	ORK J. M.L.	WO I	BY, REGISTRAR 1967	25b. REGISTRAR'S SI	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remayal, and in any event, within 72 haurs after death. VR A15 (4) 20 M 1/66

450 M

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01931 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY BALTIMORE MARYIAND BALTIMORE MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) FORT HOWARD 68 DAYS MIDDLE RIVER - 21 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL 1 BUTTERCUP LANE 3 NAME OF First 4 DATE Month DECEASED JOSEPH RIDDICK FEBRUARY (Type or print) DEATH S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 7 last birthdoy) 4/13/92 MALE WHITE WIDOWED X DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY AHOSKIE, NORTH CAROLINA ELECTRICIAN LINEMAN ELECTRIC CO. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME URETTA DUNN L. B. RIDDICK WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 214 14 06 08 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. YES 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RECURRENT RHABDOMYOSARCOMA OF RIGHT THIGH SCHOOLING Conditions, if ony, which gove (b) ADENOCARCINOMA OF SIGMOID COLON rise to immediate couse (a), PNEUMONIA BILATERAL WITH METASTATIC NEOPLASM stoting the underlying couse PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) Hour o.m. foctory, street, office bldg., etc.) of work 21. I certify that (this haspital) attended the deceased from. 12/10/66 19 2/16/67 to and that death occurred or :45AMM com couses and on the date stated above.

sow the deceosed olive on 2/16/67 22o. SIGNATURE

GEORGE

M.D. C. MC ELFATRICK, M. D.

DIRECTOR

PHYS.

2/16/67

(County)

2Sb. REGISTRAR'S SIGNATURE

(County)

22b DATE SIGNED

23o. BURIAL, CREMATION REMOVAL (Specify) BURTAT.

23b. DATE THEREOF 2/18/67 23c. NAME OF CEMETERY OR CREMATORY Bohemian Nat. Cem. 23d. LOCATION (City or Town) Baltimore, Md.

VAH FORT HOWARD, MARYLAND

e. IS RESIDENCE ON A FARM? NO X

12. CITIZEN OF WHAT

U.S.A.

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPS! PERFORMED?

YES X

19___, that (we) lost

COUNTRY?

24. FUNERAL DIRECTOR 3331 Brehms Lane SCHIMUNEK FUNERAL HOME TO DO A DATEFEB BALTIMORE, MARYLANI

22d. ADDRESS

VR A15 (4) 25M 1/67

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24 haurs after

certificate

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ATTENDING PHYSICIAN:

HOSPITAL

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COURT C. IN SEPARATOR, F. D. VAN FORM BOLLAND, WASHAMA

2/19/27 Popentian Not. Cen. - | daily ware, - Hill. SEER LAND STREET BOTH STREET FOREIGN HOUSE - CHAPPAN CHREUTING

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01032

CERTIFICATE OF DEATH

0700	176		CERTIFIC		01 02/11/11			1147			779
PLACE OF DEATH o. COUNTY	Baltimore		MARYL	AND	2. USUAL RESIDENCE (No. STATE Mar:	Where de	b (O)		ce before	e admissi	an)
write RURAL of	(If autside corporate limits, and give nearest tawn)		c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If au	· '	· ·	URAL and give	neorest	tawn)	,
Fort I		1 2 1 - 1	18 Days		d. STREET ADDRESS	timo:	re		130	- 4	DENICE
	ITAL OR INSTITUTION (If not in Administrati					av S	treet			ON A F	
3. NAME OF DECEASED	First		Middle		Lost	4. DAT		nth	Doy	Ye	ar
(Type or print)	WALTER		(NMI)		DICK	DEA		ARY I IF UNDER	17	19	67 R 24 HRS.
s. sex Ma.le	and the second	MARRIED [WIDOWED 3	NEVER MARRIED DIVORCED	B.	DATE OF BIRTH		9. AGE (In years lost birthdoy) 60 yrs.	Manths	Doys .	Haurs	Min.
	ON (Give kind of wark dane	10b KIN	D OF BUSINESS OR USTRY Factory	ے رب	11. BIRTHPLACE (County Providence		r fareign country)	CO	IZEN OF UNTRY?		
13. FATHER'S NAME			1400013		14. MOTHER'S MAIDEN		TIBTITA		•10 • 2	1.0	
	Walter Ridd	H ok			T14 gol	ho+h	Sandler				
1S. WAS DECEASED EV (Yes, na, ar unknown) Yes	VER IN U.S. ARMED FORCES? (If yes give war ar dates of se WWI	rvice	0cial security no. 2-09-60-69		FORMANT ical Record	ds,		ress Howard	, Md		
	DEATH (Enter only one cause p ATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO	۸	a), (b), and (c).) CUTE PULMO	DNARY	EMBOLISM					RVAL BEI	
Conditions, if on	ny, which gove) (b)	CHE	RONIC COR F	PULMO	NALE				2)	EARS	3
stating the und		BRO	NCHIAL AST	THMA	AND EMPHYS	EMA				EAR!	3
PART II. OTHER	SIGNIFICANT CONDITIONS CONT	RIBUTING TO	DEATH BUT NOT RELAT	TED TO TH	IE TERMINAL DISEASE COI	NDITION (GIVEN IN PART 1(a)			WAS AUT PERFORM S	OPSY NO
OR CONTRIBUTIN	AS UNDERLYING GCAUSE OF DEATH Y MEDICAL EXAMINER)	205. DES	CRIBE HOW INJURY OCC	URRED. (E	nter noture of injury in	Port I ar	Port II of item 1B.)	5.0			
Hour o	IJURY Month, Day, Year a.m. b.m.	20d. IN. While of work	Nat While		OF INJURY (Hame, form ry, street, office bldg., etc.)		f. (City ar town)	(Cor	unty)		(State)
21. I cert	tify that:\(\mathbb{E}\)(this haspited deceased alive an_F\)	al) attend	ed the deceased fi -7 1967, ar	ram_J nd that	an. 31 , 1 death accurred at	7:4	, ta Feb. 1. OMMram cause:	7, 19_ s and an t	67, th he date	at x(1) (e stated	we) la d abav
22o. SIGNATUR	Todar a	\$		M.D.	111101	MED. DIRECTO	R STAFF PHYS.	22b. D.	ATE SIGN /18/		
22c. PHYSICIAN NAME (Typ		FABARA	M.D.		22d. ADDRESS VA_HOS1	РТТА	L, FORT H	OWARD.	MAE	YLAN	ID_
23o. BURIAL, CREMAT REMOVAI (Speci Burial		1 7	23c. NAME OF CEMET Baltimore		REMATORY onal Cemete		Baltimo		(County)	(2)	State)
24. FUNERAL DIRECT	of parle a	Mar	ADDRESS	Sanna	2Sq. RFC'I	D BY REG		REGISTRARS	IGNATUR A	udge	_
Juartes A.	Rice Fun Hor	ne	Baltimor	e. N	arvlahm -	U W			()	U	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. 27 Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 3

Doport

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF DEATH CERTIFICATE 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH Baltimore o. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town)
rural Baltimore rural Baltimore 21234 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 7507 Old Harford Rd. 7507 Old Harford Rd. YES NO X 3. NAME OF First Middle Lost 4 DATE Month DECEASED SARAH W. RITMILLER Feb. 20, 1967 (Type or print) DEATH DATE OF BETH 1896. S SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Jost birthdoy) Feb. 2, 1827 female white 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY St. Louis, Mo. USA housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Julian White Martha E. 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or upknown) (If yes give wor or dotes of service) Mr. Francis Hayes Ritmiller-7507 Old Harford 217-50-1308 INTERVAL 8ETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED 8Y: ONSET AND DEATH IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 140. WAS AUTOPS PERFORMED? 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) 2]. I certify that (1) (this hospital) attended the deceased fram and that death occurred at 5:03/M, fram causes and an the date stated abave saw the deceased alive an 22b. DATE SIGNED 22d. SIGNATURE DIRECTOR PHYS. 22d. ADDRESS 3009 Evergreen Ave., Balto., Md. PHYSICIAN'S NAME (Type) Dr. Donald W. Mintzer 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) REMOVAL (Specify) 2/23/67. Mt. Olivet Cemetery Baltimore, Md. ADDRESS 2Sa. REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Leonard J. Ruck. Inc .- 5305 Harford Rd., Balto.

funeral 1 and er death **ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death after vithin 72 haurs filled carban campletely crematian, signed by the burial-transit the hospital or attending as the priar ta this certificate detached be retained TO FUNERAL DIRECTOR: Page 4 may 1 directar, pa should be f

> VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01934

CERTIFICATE OF DEATH

01930

	7'				01000						
PLACE OF DEATH O. COUNTY	Baltimore	MARYLAN	o. STATE	Where deceosed lived, if institution b. COL	ntion: Residence before admission)						
b. CITY OR TOWN	(If outside corporate limits,	c. LENGTH OF STAY IN 18	c. CITY OR TOWN (If o	utside corporate limits, write RU	JRAL and give nearest town)						
Catonsv:	nd give neorest town)	7 days	Baltimo	re	211						
d. NAME OF HOSP	ITAL OR INSTITUTION (If not in hos	pital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE						
SPRING	GROVE STATE	HOSPITAL	725 West	Barre Stree	t ON A FARM? YES NO						
3. NAME OF DECEASED	First	Middle	Lost	4. DATE Mor	nth Doy Year						
(Type or print)	Bertha	the state of	Robinson	DEATH Febr	uary 1 19 67						
S. SEX	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Months Doys Hours Min.						
female	Negro WIDO	OWED ? DIVORCED [Feb. 11. 1	921 Lost birthdoy)	Months Doys Hours Min.						
10o. USUAL OCCUPATION		Ob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	y & Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?						
	3			'arolina	U.S.						
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME							
15. WAS DECEASED EX	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Add	ress						
(Yes, no, or unknown	(If yes give wor or dotes of service)			TATE HOSPITAL						
18 CAUSE OF	DEATH (Enter only one couse per li	ne for (a) (b) and (c))	ROOOTAD: DI	thic dioin	INTERVAL BETWEEN						
	ATH WAS CAUSED BY: D.	lmonay embolis	m. massive. a	cute	ONSET AND DEATH						
4661	IMMEDIATE CAUSE (U)		,								
Conditions, if on	7 T	eep vein throm	bosis, left 1	eg	2 weeks						
rise to immedia	ote couse (o),	-			• • • • • • • • • • • • • • • • • • • •						
stoting the und	erlying couse (c)										
PART II. OTHER	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) Non-functioning left kidney - Cirrhosis (Laennecs) - Alcoholism, chr. PERFORMED?										
A Agotomi	a - Thrombosed	internal hemor	rhoids with b	leeding	YES NO						
OR CONTRIBUTIN	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	05. DESCRIBE HOW INJURY OCCUI	RRED. (Enter noture of injury in	Port I or Port II of item 18.)							
20c. TIME OF IN	JURY Month, Doy, Yeor o.m.	20d. INJURY OCCURRED 20d. While Not While of work of work	e. PLACE OF INJURY (Home, for foctory, street, office bldg., etc.		(County) (Stote)						
21. I cer	tify that (t) (this hospital)	ottended the deceosed fro	m Jan. 24 7	1967, to Feb. 1	, 19.67, that t) (we) lo						
sow the	deceased olive on Fot	19 67, 000	that death occurred a	M, from couses	ond on the dote stoted obov						
22o. SIGNATUR	Mulling K	Mungelle	M.D. ATTENDING D	MED. STAFE	22b. DATE SIGNED 2-2-67						
22c. PHYSICIAN NAME (Typ		J. Houng, M.D.	22d. ADDRESS S	PRING GROVE	STATE HOSPITAL						
23o. BURIAL, CREMAT		23c. NAME OF CEMETER		23d. LOCATION (City or To							
REMOVAL (Speci	ful	1967 Mt. Au	burn Cem.	Baltimore							
24. FUNERAL DIRECT		ADDRESS		D BY REGISTRAR 25b. R	EGISTRAR'S SIGNATURE						
Manalleol	1. Ring (ab 1) A	Sana ld	DATE	B 6 4007	Misney Judge						

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending prysician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

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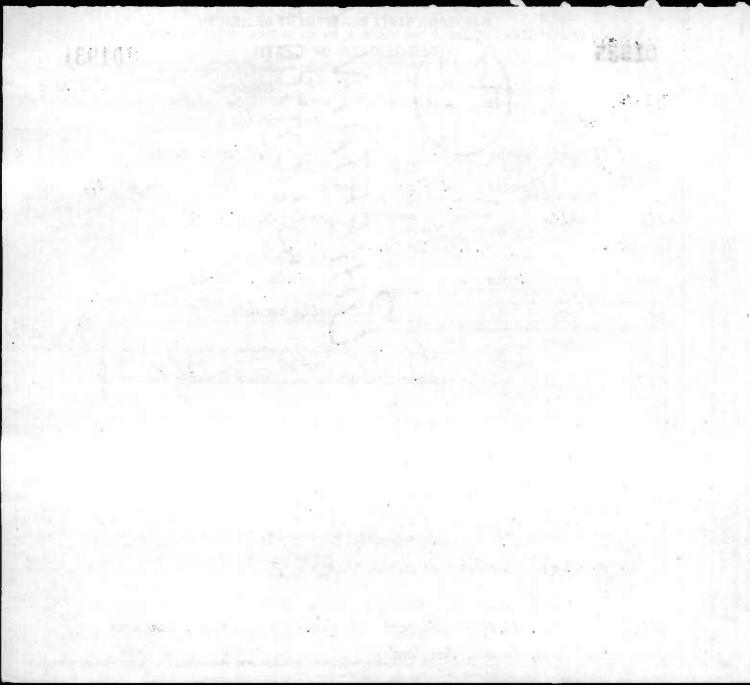
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR AIS (4) 20M 1/65

	MARYLAND STATE DEPARTMENT OF HEALTH	1
DIVISION OF ST	ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET	, BALTIMORE 1, MARYLAND
01935	CERTIFICATE OF DEATH	01021

-	OT AGO			OBIT III IOITI	L OI DEMI				
1.	PLACE OF DEATH				O CTATE 4		eased lived, If insti	v cris	
		Balti		MARYLAND		ryland		Dakt	imore
	b. CITY OR TOWN	V (if outside corpora and give, nearest to	ite limits, vn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I		orate Ilmits, write	a RURAL and gl	lve nearest to
_		wille	//-		Lutherv			0.	3-1
	d. NAME OF HOS			ospital, give street address)	d. STREET ADDRESS		1		e. IS RESIDEN ON A FARM
	1717	Kurtz Ave			17	17 Kurt	z Avenue		YES NO
3.	DECEASED (Type or print)	Char	irst Les	Middle William Re	Last	4. DATE OF DEATH	Month Febru	Day	Year 19 <i>6</i> 7
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	ACE (In years III last birthday)	UNDER 1 YEAR	Hours M
1	ale	White	WIDOWED		December 8,	1908	50 yrs.		
10. dy	a. USUAL OCCUPAT ring most of workl	ON (Give kind of working life, even if retire	done 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (1	or foreign country)	12. CITIZEN	
	upervisor		14. L	. Martin (o.	Maryland			WH	
13	FATHER'S NAM		,		14. MOTHER'S MAI		. 1		
		Parnell Ro				E. Hetr			
	es, no, or unkown)	VER IN U.S. ARMED FO (If yes give war or dates		SOCIAL SECURITY NO. 17.	INFORMANT	,	Address		
	No	None			tamily rea	ords			
				Ine for (a), (b), and (c).]	0			INTE	ERVAL BETWE
	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	(a)	Ca of	Bigus	-	AL A	4	Longen
	1930	DUE	TO /	1. 1. M.	1	j.	1111-11	1	
	Conditions, if a		(b)	Alcober	eslam	9m	ulleffer	my	
	cause (a), st	ating the DUE	T0						
N	underlying cause		(c)	ITIMO TO DEATH DUT NOT SEL	TED TO THE TEDITION	DISCASE OCHE	UTION CIVEN IN D	ART 1(a) 119.	WAS AUTOPS
CERTIFICATION				JTING TO DEATH BUT NOT REL				YI	PERFORMED ES NO
	20a. ACCIDENT OR CONTRIBUTION (IF EITHER, NOT	WAS UNDERLYING THE CAUSE OF DEA	TH NER)	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature o	of Injury In Pa	rt I or Part II of	item 18.)	
MEDICAL	20c. TIME OF I Hour a.m p.m	-	Year 20d. I While at wor	Not While facto	CE OF INJURY (Home, f ory, street, office bldg.,		City or town)	(County)	(State
	21. I certify	that (I) (this hos	pital)/attend	ed the deceased from	opt7 1	1966 to	1-1610	, 196 Z, ti	hat (I) (we) I
		eased alive on E	207	1967, and tha	t death occurred at2	7.45 M, fro			
	22a. SICNATUR	E	0, 11		ATTENDING	MED.	STAFF	22b. DATE SI	GNED
	Dea	rgel.	gres	muno M.I	J. PHTS.	DIRECTOR	PHYS.		
	22c. PHYSICIA NAME (Ty				22d. ADDRESS			-	
23	a. BURIAL, CREM. REMOVAL (Spe	ATION, 23b. DATE	THEREOF	23c. NAME OF CEMETER	OR CREMATORY	23d. LO	CATION (City, tow	n or county)	(State)
1	Surial	teb.	13, 1967	Prospect Hil	l Cemetery			land.	HATURE
24	1. FUNERAL DIRE		7		25a.º RE	C'D BY REGIS	TRAR 25b. REC	ISTRAR'S SIC	MATURE
_	John Duri	rs' Sons, i	owson,	maryland	DATE	FEB 15	1967	Charle	Quelar
							0		0 0



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01936 CERTIFICATE OF DEATH 01000

	02000			CERTIFICATI	L VI DEAIII		1119	36	,
	PLACE OF DEATH				o. STATE	(Where deceosed lived, if institution b. COUN		before odmis	isian)
		Ltimore		MARYLAND	-	ryland			11/2
	b. CITY OR TOWN (If outside corporate limits	r	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, write RUR	At and give i	neorest town)	
	Fort	d give neorest town) Howard		13 days	Baltin	more		20-4	
		AL OR INSTITUTION (If no			d. STREET ADDRESS			e. IS RE ON A	SIDENCE FARM?
	Veter	ans Adminis	stratio	on Hospital	3526 E.	Fayette Street			NO X
	NAME OF DECEASED	Fir		Middle	Lost	4. DATE Month	h	'	Year
	(Type or print)	ALBER	?T	DWYER	ROCKS	DEATH Feb. 22			967
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years birthdoy)	Months [YEAR IF UND	DER 24 HRS Min.
	Male	White	WIDOWED	DIVORCED	2/26/02	yıs.			mill.
10a duri	ing most of working Laborer	(Give kind af wark dane life, even if retired)		IND OF BUSINESS OR YOUSTRY rewery Industr		y & State, or foreign country) 9		TEN OF WHAT	
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
	John F	locks			Maggie	Dwver			
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO. 17.	INFORMANT	Addre	SS		
(∀∈	es, na, ar unknawn) Y es	(If yes give war ordates o	service) 2:	18 03 84 99 C	lin. Rcds,	VA Hospital, Ft	Howar	rd, Md	•
		EATH (Enter only one country WAS CAUSED BY:						INTERVAL B	DEATH
	PAKI I. DEA	IMMEDIATE CAUSE	(o) CA	RCINOMA OF LUI	₹G			PARTAN	DLATII
	163X	DUE							
	Conditions, if any		(b) (S	QUAMOUS CELL (CARCINOMA)				
П	rise to immediate stating the unde		TO						
	last.		(c)			St. S. British			
ALION	PART II. OTHER SI	GNIFICANT CONDITIONS CO	ONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a)		19. WAS AL PERFOR	TOPSY RMED? NO
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. D	ESCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in	Part I or Part II of item 18.)			
MEDICAL	20c. TIME OF INJ Hour a.i	10	20d. I While	Not While fo	ACE OF INJURY (Home, far ctary, street, office bldg., etc		(Coun	ty)	(Stote)
	21. I certi	fy that (X) (this has	pital) atter	ded the deceased fram_	Feb. 9	1967, to Feb. 22	196	I, that (N	(we) lo
	saw the d	eceased alive an	Feb.	22_19_67, and th	at death accurred a	t 8:30 M, fram causes	and an the	date stat	ed abay
	220. SIGNATURE	, ,	0		ATTENDING	MED. STAFF	22b. DAT	E SIGNED	
	Ca	romelita A.	(en	Jana N	I.D. PHYS.	MED. DIRECTOR PHYS.	2	-22-6	17
	22c. PHYSICIAN'S NAME (Type		A CE	ENDANA, M.D.	22d. ADDRESS	tal. Fort Howar			
		Ornamar 411							
23a	REMOVAL (Specify Burial		REOF	23c. NAME OF CEMETERY OF Baltimore Na	tional	23d. LOCATION (City or Tov Baltimore		yland	(State)
24	I. FUNERAL DIRECTO			ADDRESS 3000 T	E. Balto255t	D BY REGISTRAR 2Sb. REG	GISTRAR'S SIG	NATURE	1,01
	3-31 0 %			Baltimore		EB 24 1967	Mleszy	la Om	dan
-1	IOIN A. M	ORAN, INC.		Dar OTHOLG	Pid S	~ 1 100/		- July	73

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and sampletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 1 20 M 1/66

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	Division of STATISTIC		MARYLAND STATE DI ARCH AND RECORDS, 30		HEALTH REET, BALTIMORE, MARY	/LAND 2120	1
01937			CERTIFICATI	E OF DEATH	A TOTAL	019	33
1. PLACE OF DEATH o. COUNTY Bo	altimore		MARYLAND	2. USUAL RESIDENCE o. STATE Marylar	(Where deceosed lived, if institute b. CO)		before odmission)
	If outside corporate limits, d give neorest town)		c. LENGTH OF STAY IN 1b	C. CITY OR TOWN (IF of Baltime	outside corporote limits, write R	URAL ond give n	reorest fown)
	AL OR INSTITUTION (If not in venbrook Roa		ive street oddress)	d. STREET ADDRESS	rbrook Road		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)			Middle Dseph Russel			ary 18,	Doy Year 7967
s. SEX Male	1121	. MARRIED ; WIDOWED	NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH March 74,	9. AGE (In yeors last birthdoy) yrs.	Months D	ZEAR 1F UNDER 24 HR Doys Hours Min.
Retail ((Give kind of work done life, even if retired) Sale		ND OF BUSINESS OR DUSTRY. (Lothing	Baltimo	ty & Stote, or foreign country) re, Maryland		VIRX?
13. FATHER'S NAME (harles	Russell			14. MOTHER'S MAIDEN	y Powers		Del alama
	R IN U.S. ARMED FORCES? (If yes give way or dotes of se	muica V		INFORMANT s. Catheri	ne S. Russell	1908 Ov	erbrook R
18. CAUSE OF DE PART I. DEAT	EATH (Enter only one couse of the WAS CAUSED BY: IMMEDIATE CAUSE (o)	/	(o), (b), ond (c).)	, Diel	usin		ONSET NO DEATH
11201	DIJE TO		0 1	10			. 1

						timore			03-1
d	. NAME OF HOSPITA	AL OR INSTITUTION (If no	ot in hospital, give str	eet oddress)	d. STREET A	DDRESS			e. IS RESIDENCE ON A FARM?
	908 Ou	verbrook R	oad		908	Overbro	ok Road		AEZ NO
	NAME OF	Fi	irst	Middle	Lost	4. D		Month	Doy Year
	DECEASED Type or print)		ncis Jose				ATH FEDI	wary 1	
S. S	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BI		9. AGE (In year	Months	Doys Hours Min.
-	Male	White	WIDOWED	DIVORCED	March		3 73 y	rs.	
	USUAL OCCUPATION	(Give kind of work done	10b. KIND OF INDUSTR)		-	,	or foreign country)	. (ITIZEN OF WHAT
R			lesman (lothing	Bala	timore,	Marylana		OUNTRX? A.
13.	FATHER'S NAME		7 11/25	,	14. MOTHER	'S MAIDEN NAME	0		
	(harles	Russell			HERE	Mary Po	wers		
		R IN U.S. ARMED FORCES?	of consists V	SECURITY NO.	17. INFORMANT			Address	1 101
	es no, or unknown)	(If yes give war or dates	216-0	7-8845	Mrs. (at	herine S	· Russel	L 908 C	Verbrook Rd.
	18. CAUSE OF DE	ATH (Enter only one col	use per line for (o), (b), ond (c).)	0 -	. 0	C.		INTERVAL BETWEEN
	TANT I. DENT	IMMEDIATE CAUSE	(0)	ova	my Of	elles	com		10 minus
	4201	DUE	10 0	9	600	1			122/200
	Conditions, if ony, rise to immediate	e couse (n)	(b) (c)	reed.	TRUE	rous			11 paro
	stoting the under		(c)						
CATION	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEA	TH BUT NOT RELATED	TO THE TERMINAL	DISEASE CONDITION	GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
3	20. ACCIDENT WAS	TINDEDIVING T	Joh Deschibe	HOW INJURY OCCUR	PED (Enter noture of	of initial in Port 1	r Port II of item 15	3)	I I I NO L
CERT		CAUSE OF DEATH MEDICAL EXAMINER)	ZUO. DESCRIBE	HOW INJUNT OCCUR	ALD. (EINSI HOIUTE I	or injusy in Fost 1 (in rout it of treft) to	·-)	
MEDICAL		IRY Month, Doy, Yeor	20d. INJURY		PLACE OF INJURY foctory, street, office		20f. (City or tow	n) (Co	ounty) (State)
WE	Hour o.n	10	While of work	Not While of work	rociory, street, office	2		11	
		fy that (I) (this ho	spital) attended t			n , 195.	3, to 10		6/that (I) (We) last
	saw the de	eceased olive on_	Irtet		that deoth occ	wred of 9	M, from cau		the dote stoted obove.
	220. SIGNATURE	1. 0	WIL	. /	ATTENDIN	G MED.	STAFF	22b. [DATE SIGNED
		rails	othe	un	M.D. PHYS.	DIRECT	OR PHYS.	100	ter196/
	22c. PHYSICIAN'S NAME (Type)	Charles	H. Reier		22d. AC	ODRESS 101 York	Road		
230	BURIAL, CREMATIC			NAME OF CEMETERY			d. LOCATION (City	or Town)	(County) (Stote)
200.	REMOVAL (Specify	2/22/			1 1 0		Baltimon		
24	FUNERAL DIRECTO		10/	ADDRESS	The Call	2So. REC'D BY R	GISTRAR 25	b. REGISTRAR'S	SIGNATURE
-12	4 4 4.	nan Inc. 3	2000 E. Bal	timone S	7+	DATEEB 2	4 1967	Melion	Cen Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove (carbon, papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth. Poge 4 may be retained by the hospital or ottending physician. VR A15 (4) 20 M 1/66

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CHARLES OF THE TOP WAS DESCRIPTION OF THE PARTY OF THE PA

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND FOR STATE MEDICAL EXAMINER'S OF DEATH HEALTH DEPT PLACE OF DEATH TISTIAL RESIDENCE TWhere deceased lived If institution; Residence before admission) a. CDUNTY COUNTY 4LT more MARYLAND the funeral c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) b. CITY DR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b write RURAL end give nearest town) BALT UMER - Ruza SHALTO - KLIK d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ay to Page 4 Nome NAME OF DATE Month DECEASED SAMUC DEATH (Type or print)-/ 7-4563961 AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH NEVER MARRIED last birthday) Months | 24 hours after death. I tem 18. Give Pages Office along with forr WIDOWED 1 and event 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY Pennsylvania
14. MOTHER'S MAIDEN NAME Engineer Kitchens pages 1 in any 13. FATHER'S NAME David Samuels Marian Hughes EXAMINER: This certificate should be executed within 24 hou the certificate, writing the word "pending" in pencil in Item should be forwarded to the Chief Medical Examiner's Office of files. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Balto .. (Yes. no. or unkown) | (If yes give war or dates of service) permit. 220-26-5914 Mrs. David Samuels. 6227 1961-1962 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: nangulation burial-transit i cremation, or i IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO ceuse (e), stating the (C) underlying cause lest. used as to burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 2 2 TIGHTENING of Keather slipknot about week 3 should TIME OF INJURY Month, Dey, Yeer | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, I MEDICAL 20f. (City or town) factory, street, office bldg., etc.) While Not While of work CTOR: Page designated 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry DIRECTOR: Undetermined manner Homicide Natural causes Accident X, Suicide please execute the director. Page 4 s retained for your f CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER ACTUAL SIGNATURE 0 DEPUTY MEDICAL EXAMINER of Health or **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specifiv) Mt. Carmel Carmel. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

IS RESIDENCE

ND N

DN A FARM?

Year

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

ND T

(State)

and in my opinion

22. DATE SIGNED

Penn.

(State)

YES T

(County)

YES

Days

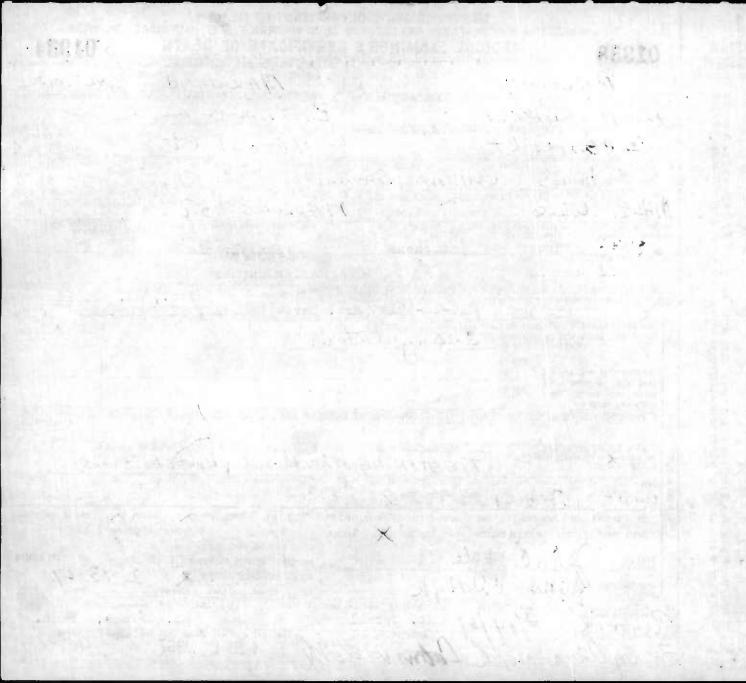
12. CITIZEN OF WHAT COUNTRY?

USA

21212

Northwood Drive

VR ALSME (5)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

and 2 funerol to campletely filled in by the fur emave carban papers. Pages 1 ony event, within 72 haurs after 24 haurs within executed To tu pe death certificate 0 phy: orremova burial, cremation, law requires that the signed by the burial-transit os the prior tal attending has been ATTENDING PHYSICIAN: The far use r this certif detached be de State l TO FUNERAL DIRECTOR: After director, page 3 shauld shauld be filed with the TO HOSPITAL Page 4 may b

deoth.

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND Baltimore Baltimore b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Balt. 21207 Balt. 21207 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 2615 N. Rolling Road YES NODE 3. NAME OF Middle 4 DATE Month Dov Year DECEASED OF DEATH 28 67 F. Estella Sauter Feb. 19 (Type or print) IF UNDER 1 YEAR 1 IF UNDER 24 HRS 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED last birthdoy) Months Days Hours 26/1875 White WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY Housewife

13. FATHER'S NAME Balt. Co. Md. II.S.A David Kalb Elizabeth Long 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO 17. INFORMANT Leishear-2615 N. Rolling Rd. No INTERVAL BETWEEN. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year foctory, street, office bldg., etc.) Hour o.m. Not While ot work ot work 21. I certify that (1) (this haspital) attended the deceased fram. 1967, and that death accurred at_ 13 A. M. fram causes and saw the deceased alive an an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED STAFF ATTENDING M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. Mortin Ellin 8629 Liberty Rd. Randallstown. 23o. BURIAL, CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Burial (Specify) Lorraine Park 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 196 Loring Byers-8728 Liberty Rd. Randallstown

VR A15 (4) 20 M 1/66

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Them #9 Film #G385 272077 PC

CERTIFICATE OF DEATH

01920

01020

07250			CERTIFICAT	E OF DEATH		013	150
1. PLACE OF DEATH					Where deceased lived, if instituti		befare admission)
a. COUNTY BAI	TIMORE		MARYLAND	a. STATE MARYI	AND b. COUN	ITY	
b. CITY OR TOWN	(If outside carparate limi	ts,	c. LENGTH OF STAY IN 1b		itside corporote limits, write RUR	RAL ond give no	earest town)
write RURAL o	nd give negrest tawn) HOWARD		43 DAYS	BALTIMO			30-4
d. NAME OF HOSP	ITAL OR INSTITUTION (If r	ot in hospital, g	give street oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
VETERANS	ADMINISTRA	TION HO	OSPITAL	1316 LIGH	IT STREET		YES NO
3. NAME OF	F	irst	Middle	Last	4. DATE Month	h	Day Year
(Type or print)	BI	ENJAMIN	M.	SCEARCE	OF FEBRU	UARY	15 19 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 8/2	3/22 9. AGE (In years		EAR IF UNDER 24 HRS
MATE	WHITE	WIDOWED	DIVORCED	2/8/23/22	last birthday) yrs.	Months De	ays Haurs Min.
IOa. USUAL OCCUPATIO	ON (Give kind af wark dane		ND OF BUSINESS OR	11. BIRTHPLACE (Coursey	& State, ar fareign country)		EN OF WHAT
during most of warkin		IN	IDUSTRY	DANVILLE	, VIRGINIA	U.S.	·A.
13. FATHER'S NAME	TO THE WAY			14. MOTHER'S MAIDEN			
DE'N TAL	IN SCEARCE			EMMA BURI	VETT		
1S. WAS DECEASED E	VER IN U.S. ARMED FORCES		SOCIAL SECURITY NO. 17.	INFORMANT	Addre	ess	
	(If yes give war ar dates	of service)	3 20 28 18 CI	TH DECODE	VA HOSPITAL,	EAL HUM	ARD MD
YES	WW II			TIM. VECOVOS	VA HODE LIAID.	PT HOMP	INTERVAL BETWEEN
	DEATH (Enter anly one co ATH WAS CAUSED BY:		JMONIA, LEFT I	OUTED TODE		E1. T4	ONSET AND DEATH
201	IMMEDIATE CAUSE	(u)	MUNITA, IMEL I	WHILL INDE			TEODITE
Conditions if an	DUI y, which gave)	E 10	TITLE DICEAGE				MEADO
rise ta immedia	nte couse (a)		KIN'S DISEASE				YEARS
stoting the und	derlying cause	E 10					
	CICHIESCANT CONDITIONS	(c)	TO BEATH DUT HOT BELLES	THE TERMINAL PROPERTY CO.	IDITION CHEEN IN DARK 12		19. WAS AUTOPSY
S PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IUITION GIVEN IN PAKT 1(a)		PERFORMED?
<u>a</u>		Lan					YES NO
	AS UNDERLYING CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCCURRED). (Enter nature of injury in	Part I ar Part II of item 1B.)		
	Y MEDICAL EXAMINER)				1 001		
20c. TIME OF IN	JURY Manth, Day, Year	20d. II While		LACE OF INJURY (Home, farm actary, street, office bldg., etc.)		(Caunty	y) (State)
× ,	o.m. 19	at war			0/25/6	-	
21. I cert	tify that 如) (this ha	spital) atten	ded the deceased fram_	1/3/67		1, 19	, that (f) (we) la
saw the	deceased alive an_	2/15/6	719, and th	at death accurred at.	10:25AMram causes of	and an the	date stated abov
22a. SIGNATUR	91	0.1		ATTENDING	MED. STAFF	22b. DATE	
	teorge	- Dri	ulal.	A.D. PHYS.	DIRECTOR PHYS.	x 2	/15/67
22c. PHYSICIAN	, //			22d. ADDRESS	TOTAND MADVE	A DITO	
NAME (Typ	e) GEORGE DU	DAS, M.	D.	VAH FORL	HOWARD, MARYL	WIND	
23a. BURIAL, CREMAT		HEREOF	23c. NAME OF CEMETERY OF	R CREMATORY	23d. LOCATION (City or Tov	,	aunty) (State)
REMOVAL (Speci	fy) 1 2-17:	-67	BALTIMORE	NATIONAL	BALTIMOR	E, MAR	YLAND
24 FUNERAL DIRECT			ADDRESS	2Sa. REC'I	D BY REGISTRAR 25b. RE	GISTRAR'S SIGN	
1 km 11	TVOm 1 - 11		FLYNN & FLE	MING FUNERAL	HOME	mi.	1. 0

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. completely filled in by the funeral over carbo, papers, Pages, Jords, yevent, within 72 hours after death filled in by the funeral pard **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and califectar, page 3 should be detached far use as the burial-transit permit. Then please removed should be filed with the State Dept. of Health prior to burial, cremotion, ar removal, and in any Poge 4 moy be retoined by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	01941			CERTIFIC	ATE OF	DEATH		01.0	י ליכו	
1	o, COUNTY	Ranca	MORE COL	INTY WILL MARYLAN	0.	STATE	Where deceosed lived, if Id.	institution: kes b. COUNTY	Balto	odmission)
		(If outside carparate limit nd give neorest town)	S,	c. LENGTH OF STAY IN 18	c. CIT	Y OR TOWN (If ou Reisters	tside corporote limits, v	vrite RURAL and	give neorest t	own)
		TAL OR INSTITUTION (IF I			d. STI	eet address Old Hand	ver Road			IS RESIDENCE ON A FARM? S X NO
3	. NAME OF DECEASED (Type or print)	Robe	ert	Schaef			4. DATE OF DEATH	Month 2	Doy	
S	. SEX	6. COLOR OR RACE	7. MARRIED [WIDOWED [NEVER MARRIED S		of BIRTH h 25, 18	9. AGE (In 78t birth			F UNDER 24 HRS. Hours Min.
d		ON (Give kind of work done g life, even if retired) EX		O OF BUSINESS OR USTRY		Balto. (OUTHER'S MAIDEN N			COUNTRY? USA	VHAT
		C. Schaefe		CIAL CECUDITY NO. T	17 1115004	Anna W	Valter			
		/ER IN U.S. ARMED FORCES? (If yes give wor or dotes	of consists V	-10-7956	17. INFORM		Davis Bal	Address Ltimore,	Md.	
	Conditions, if or rise to immedia stoting the unclast.	y, which gove ote couse (o), erlying couse	10 (b) (c) C (c) (3) Cre	VA ueraliz	ed		i'os clero			T AND DEATH
CEDTIFICATION	PART II. OTHER	SIGNIFICANT CONDITIONS (Pyelo AS UNDERLYING	NEPHI		PreL	ONEPH	MOSIS		YES	AS AUTOPSY ERFORMED?
1 7007	OR CONTRIBUTION (IF EITHER, NOTIF	G CAUSE OF DEATH Y MEDICAL EXAMINER)	205. 0130	KIDE HOW HOOK! OCCUP	KLD. (LINE) II	or injury in i	on ror ror ii or item	10.)		
MEDICAL		.m. 19	While of work	Not While of work	factory, stre	IJURY (Home, form et, office bldg., etc.)			(County)	(Stote)
	21. I cer saw the	t ify that (I) (this had deceased alive an_	spital) attende 2 -	ed the deceased fra	mthat deat	accurred at	9 <u>67</u> , ta	2 - 11 -, 1 auses and ar	9 <u>67,</u> tha the date	t (I) (we) las stated abave
	220. SIGNATUR	ar Vall	e Cou	erv	M.D. PH		MED. STAI	FF CT 1	DATE SIGNED	
1	22c. PHYSICIAN NAME (Typ	CESAR 1	VALLE	CAVERO	2	ad. ADDRESS 3629 L	iberty	Rd		
	30. BURIAL, CREMAT REMOVAL (Speci BUTIAL 24. FUNERAL DIRECT	(y) 2/1/4/	67	23c. NAME OF CEMETER Mt. Gile ADDRESS		etery	23d. LOCATION (Ci Baltimo			(Stote)
9	J. F. Eli	ne & Sons	Reister	stown, Md.			1 6 1967	ychan		der

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

and the second Manual Company of the

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 01942 death, 1. PLACE OF DEATH o. COUNTY after Baltimore MARYLAND by the to Pages c. LENGTH OF STAY IN 1b illed in by mappers. Page b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 14 days Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) St. Joseph Hospital 3. NAME OF Middle First DECEASED Carl F Rev. (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIED Male WHITE WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life even if retired) Religious

13. FATHER'S NAME PRIEST ATHOLIC burial, crematian, ar removal, SCHAPPERT GEORGE 1S. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor ar dates of service 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

Myocardial IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate couse (a), DUF TO ficate has been s far use as the b f Health priar ta b stating the underlying couse TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us shauld be filed with the State Dept. of Healt 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year Haur a.m. Nat While at wark saw the deceased alive on_ 22a SIGNATURE M.D. 22c. PHYSICIAN'S Reynaldo Orjuella 23b. DATE THEREOF 23o. BURIAL, CREMATION REMOVAL (Specify)
BURIAL

2. USUAL RESIDENCE (Where deceased lived, if institution: Rt Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 21210 d STREET ADDRESS e. IS RESIDENCE ON A FARM? 911 W. Lake Ave. YES NO 4. DATE Month OF DEATH SCHAPPERT February 24. 9. AGE (In years IF UNDER 1 YEAR 8. DATE OF BIRTH I IF UNDER 24 HRS last birthday) Months Doys Haurs June 16, 1886 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Pennsylvania 14. MOTHER'S MAIDEN NAME ELIZABETH STINGER 17 INFORMANT REV. M. O'ROURKE 1130 N. CALVERT Myocardial Infarction ONSET AND DEATH Geheralized Arteriosclerosis 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMEO? YES TO NO 20b. OESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 ar Part II of item 18.) 20e. PLACE OF INJURY (Home, form, (City or tawn) (County) (Stote) factory, street, affice bldg., etc.) , 19 67, ta___ _, 19 67 that (M (we) last 21. I certify that X) (this hospital) attended the deceased from 2/10/ 19 67, and that death occurred at 12:08M, from causes and on the date stated above 22b. DATE SIGNED STAFF PHYS. **ATTENDING** DIRECTOR E February 24,1967 22d. ADDRESS 7620 York Rd., Towson, Md. 21204 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) CEMETERY WILKES-RARRE 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR Milarles & SON 805 N. CALVERT ST. DATE MAR 2

be retained by the haspital ar attending Page 4 may

that the death certificate be executed within 24 haurs after death.

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MEDICAL EYAMINED'S CEDTIFICATE OF DEATH

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EALTH DEPT.		LACE OF DEATH					(Where deceosed lived, if		nce before odmission)
10 6 Am	0	COUNTY	BALTIMO	2 E	MARYLAND	o. STATE	arvland	b. COUNTY	Baltimore
delay and 3 A3. Po	Ь	CITY OR TOWN (I	f outside cornorate limits		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporote limits, w		
PM3. B		write RURAL ond	give peorest town)			EAST	POINT		12-1
E (V) (A)	d		AL OR INSTITUTION (If no	t in hospital, g	ive street oddress)	d. STREET ADDRESS	1 - 7 - 7		e. IS RESIDENCE
ath. If any ages 1, 2, a th farm PN State Depart		7727 E.	Baltimore	St.		7727 E.	Baltimore		ON A FARM?
Beath Pag with	D	AME OF ECEASED	First LAURA		Middle	SCHRADER	OF TO	owneed	Doy Year
Sive ng	5. 5	ype or print)	6. COLOR OR RACE	7. MARRIED	MEVED MADDIED	8. DATE OF BIRTH	9. AGE (In y		5, 19 67
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il in ser's affi	13.	FATHER'S NAME				14. MOTHER'S MAIDEN		10	277
I within 24 In pencil in Examiner's File pages I haurs aft	-	DONALD	SCHRA	DER		PHYLLI	> BARA	ow	
d w in p Exc File 2 h	15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. 5	OCIAL SECURITY NO. 17	. INFORMANT	- ////	Address	
hauld be executed within word "pending" in pencil the Chief Medical Examine rial-transit permit. File pagany event within 72 haurs o	(Yes	, no, or unknown)	(If yes give wor or dates of	f service)		ELEANOR	HemoDA	2	84-0246
exe endi Me Me t pe			ATH (Enter only one coust		1 // 1 //				INTERVAL 8ETWEEN ONSET AND DEATH
shauld be e te word "per a the Chief I burial-transit		OIL O	IMMEDIATE CAUSE	(0)	sphyxia				ORSET AND DEATH
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e shau the wo ta the burial in any		Conditions, if ony, rise to immediate	(n) ezuna	-	arbon monoxi	ie			
certificate shauld writing the word irwarded ta the C issed as a burial-tr vol, and in any ex		stating the under last.			onflagration				
2 0 0	CERTIFICATION	PART II. OTHER SIG	GNIFICANT CONDITIONS CO		O DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE C	ONDITION GIVEN IN PART	1(0)	19. WAS AUTOPSY PERFORMED? YES NO
This ficate, be for d be d be remo	TIFIC	20o. EXTERNAL CA	USE WAS	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury i	Port I or Port II of item	18.)	
		PRIMARY X or COI CAUSE OF DEATH.	AIKIBUTING LI	F	ire in row he	ouse			
she of the or she of the or she or sh	MEDICAL	20c. TIME OF INIL	RY Month, Day, Year 2. 2-24 19 6	20d. IN	JURY OCCURRED 2 20e. I	PLACE OF INJURY (Home, fa	rm, 20f. (City or to	wn) (Co	ounty) (Stote)
EXAMINER ute the cel age 4 shau yaur files. Page 3 sho cremation,	WE	11:40 p.n	2-24 196	7 While of work	Not While K	octory street, affice bldg., et		Balt	imore Md.
Pag ecul Pag ar y R:P		21. I certify	that I taok charge	of the rem	ains described obove,	held an Autapsy 🔲	, Inspection X,	Inquiry	and in my apini
MEDICAL Elease exect director. Postained for DIRECTOR: ta burial, o		death result	ed fram; Natura	causes	, Accident X, S	uicide 🔲, Hamicid	e, Undetermin	ied manner [
Mkork blease e directar etained DIRECT t ta bur		ACTUAL	(1).	- 1,	-/	CHIEF MEDICA			22. DATE SIGNE
A Plant of the pla		SIGNATURE	Many	3 7	So gate	111.0.	EDICAL EXAMINER		ZZ. DATE SIGNE
necessary, please the funeral direct 5 may be retaine TO FUNERAL DIRE Health prior to b		EXAMINER'S NAME (Type)	Charles S.	Sprin	gate, M.D.		CAL EXAMINER et, city, town, or county)	Februa	ry 27, 1967
o DE neces the futher f		BURIAL, CREMATIC			23c. NAME OF CEMETERY (23d. LOCATION (City		(County) (Stote)
ひょもつひょ		REMOVAL (Specify	2/	/	CEDAR		BALTO		17 (12.2)
WE ALENE TO A P	24.	FUNERAL DIRECTO		-/	ADDRESS		D 89 REGISTRAR	25b. REGISTRAR'S	SIGNATURA
VR A15ME (5) 6M 1/67	J	,G, CE	NNELLY	SONS	300 /	MACE DATE N	IAR 1 1987	Jacan	res Judy

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Division of STATISTICAL RESEARCH AND RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1944

CERTIFICATE OF DEATH

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t. PLACE OF a. COUNT	Baltimore	MARYLAND	O STATE	Where deceosed lived, if institutions b. COUL		fore odmission)
b. CITY O	R TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporote limits, write RU	RAL ond give neo	rest town)
wille	RURAL and give nearest town)		Balt	imore	30	1-4
d. NAME	OF HOSPITAL OR INSTITUTION (If not in hospi	itol, give street oddress)	d. STREET ADDRESS		LOFE I	e. IS RESIDENCE ON A FARM?
St. i	Joseph Hospital, Tows	on, Md. 21204	3710 Raspe	Avenue		YES NO
3. NAME OF DECEASE (Type or	D A RINA	Middle R. SC	Lost	4. DATE Mont		19 67
5. SEX	6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR	R IF UNDER 24 HRS.
Femal	e White WIDOW	WED DIVORCED TO	5-7-1891	last birthday)	Months Doy:	s Hours Min.
during mest o	CCUPATION (Give kind of work done 10 of working life, even if retired)	b. KIND OF BUSINESS OR INDUSTRY Criel (o.		y & Stote, or foreign country)	12. CITIZEN COUNTR	OF WHAT
13. FATHER			14. MOTHER'S MAIDEN	NAME toria Ramsone		
1S. WAS DEC (Yes, no, or u	CEASED EVER IN U.S. ARMED FORCES? nknown) (If yes give wor or dotes of service)		atient on ad	Addre mission	ess	illia
IB. CAI	USE OF DEATH (Enter only one couse per line	e for (a), (b), ond (c).)				NTERVAL BETWEEN
PA PA	IRT I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Carcinoma of	the stomach			ONSET AND DEATH
	15/X DUE TO					
	ons, if ony, which gove (b)					
	the underlying couse (c)				900	
DADT II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS	ING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	1	9. WAS AUTOPSY PERFORMED? YES NO
OR CON	IDENT WAS UNDERLYING ☐ 20: TRIBUTING ☐ CAUSE OF DEATH R, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in	Port I or Port II of item IB.)		
WEDICAL TIP	Hour o.m.		LACE OF INJURY (Home, for octory, street, office bldg., etc.		(County)	(Stote)
21. sov	I certify that (I) (this hospital) at the deceased alive on 2-19	ttended the deceased from 19.67, and th	2-9 , nat death occurred a	19 67, to 2-19- 1:05pM, fram causes	, 19 57 , and on the d	that (I) (we) la ate stated abov
	Regalado (γ .	M.D. ATTENDING D	MED. STAFF DIRECTOR PHYS.	22b. DATE SI 2-19	
	HYSICIAN'S AME (Type) Regalado Dizo	on, M.D.	22d. ADDRESS 7620 Yor	k Road, Baltim	ore, Md.	21204
230. BURIAL REMOY	CREMATION, 23b. DATE THEREOF 2-22-67	23c. NAME OF CEMETERY O	R CREMATORY Memorial Pa	23d. LOCATION (City or To Baltimo	wn) (Cour	ity) (Stote)
24. FUNERA	L DIRECTOR	ADDRESS		D BY REGISTRAR 2Sb. RE	GISTRAR'S' SIGNAT	TURE
Joh	n (. Miller Inc6	415 Belair Road-	-21206 DATEFE	B 2 3 1967 /	Charles	Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and any event, within 72 hours after death? **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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ATIENDING PHYSICIAN: The law requires that the death certificate be executed the 24 hours after bath. Page 4 be retained by the hospitel or ettending physician.

FUNERAL EXECTOR: After this certificate has been signed by the attending physician end completely the in by the funeral rector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should signed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL death. Page 4

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15/	M	7.	62

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 01945 010/1

	02020	
	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission)
	Baltimole MARYLAND	. STATE maryland. Balto.
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
	write RURAL and give hearest lown)	Pekesville
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address)	d. STREET ADDRESS •. IS RESIDENCE
	101 Sherwood are	10/ Sher wood are. ON A FARM?
3.	NAME OF First Middle	Last 4. DATE Month Day Year
	DECEASED HEARY David Sh	arrer DEATH 7.26 15- 1967
5.	SEX 6. COLOR OR RACE 7. MARRIED WEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min
	m WIDOWED DIVORCED	OCT 12, 188/ 79 vrs.
10a	Da. USUAL OCCUPATION (Give kind of work long) duping most of working life, even if refired)	Y 11. BIRTHPLACE (County & State, on foreign country) 12. CITIZEN OF WHAT COUNTRY
	Salesman. Chips	Tanestasia, Ma. 4.5.A
13.	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	aloud A. Sharrer	Sokla Heck.
15.	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 11	NFORMANT Address 10/ llenistosaan
(Y	(es, no, or unkown) (If yes giva war or dates of service) 2/8-32-12.55 W	15. Beulah Sharrer Desulle fa.
	18. CRUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).	I INTERVAL BETWEEN
		ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cascina	no of right ling 3 years
	163X DUE TO	
	Conditions, if any, which (b)	
	gave rise to immediata causa (a) station the underlying DUF TO	
	(a), stating the underlying cause last.	
z		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
CERTIFICATION		PERFORMED?
S	The second of th	YES NO C
RTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED.	. (Enter natura of injury in Part I or Pert II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
E P	Hour e.m. While Not While store of the store	ory, street, office bidg., etc.)
-		1958 to 754 15 , 1967, that (1) (we) last
	21. I certify that (I) (this hespital) attended the deceased from	
		death occurred at 215 Am, from the causes and on the date stated above.
	220. SIGNATURE Paul H Rough	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 7
	22c. PHYSICIAN'S	22d. ADDRESS_
	NAME (Type) Paul H. Royse	1403 Foley La. Pikesville, Md.
23	38. BURIAL, CREMATION, 236. DATE THEREOF 236, NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	REMOVAL (Specify) 2-18-67 Int. Olynes	+ Cenelary Hanoner, york Co. L.
24	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25. REC'D BY REGISTRAR 256. REGISTRAN'S SIGNATURE
-	774 77	and FED OD 1007 Misules ludge
	IThous - Errie Language House Hambaceach	Ma. DATED LU 196/1

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SCHOOL STREET		Wild Co.				

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEDTICICATE OF DEATH

1 01	.340		CEKTIF	ICATE	OF DEATH			42	
1. PLACE a. COI					2. USUAL RESIDENCE (Whe	. 1 b. (titution: Residen	/	5/
h CIT	OR TOWN (If outside corporal		MARY c. LENGTH OF STAY IN		c. CITY OR TOWN (If outs	IAnd	DIIDAL and aiv	vert	~
	e RURAL and give nearest tay		2		C. CITT OK TOWN (IT OUTSIC	de carporote limits, write	KUKAL and giv	e nearest tow	/II)
	LAtons VII	16	3425		d. STREET ADDRESS	γ		21 0 1	RESIDENCE
d. NAI	ME OF HOSPITAL OR INSTITUTION	. 1	1		72	6		ON	A FARM?
100	rest Have	n Ivursi		16	DOY	8		YES	□ NO D
3. NAME DECEA		orence	Middle	Sin	merman	OF .	Month	Day 23	Year 19 67
S. SEX	6. COLOR OR RA		NEVER MARRIED	-	DATE OF BIRTH	9. AGE (In year	s IF UNDER		NDER 24 HRS
F	- W		DIVORCED		1Ar. 14, 187	2 dast birthday		Doys Ho	urs Min.
10o. USU/	L OCCUPATION (Give kind of wor	k done · 10b. KI	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County & S	tate, or fareign country)	12. CI	TIZEN OF WHA	AT
auring me	ist of working life, even if retired	IN	ואונאו	100	SAlem.	N.J.	0	UNTRY? A	,
	ER'S NAME				14. MOTHER'S MAIDEN NAM	ME			
W	Illiam D.	ilkes			Unt	Known			
	DECEASED EVER IN U.S. ARMED FO		OCIAL SECURITY NO.	17. IN	FORMANT	,	ddress		Phila
-A F	ar unknawn) (If yes give wor or	dates at service)	one	Mrs	Mabel Mov	Nrev 7441 S	ommer:	5 Road	PA.
_ / ·	CAUSE OF DEATH (Enter only			P 11 5		1	- 11401	INTERVA	L BETWEEN
	PART I. DEATH WAS CAUSED E	Y:	ureni -	501	GNNTIN C	A Buic -C	We in n	ONSET A	ND DEATH
	4221	DUE TO				D (1.5.5			
Cana	litians, if any, which gove	(b)	1881138	0	CENEGRAL	Unsean	BR		
	to immediate couse (a),	DUE TO	J. Co. P. ES FIN	4					-
last.	ng the underlying cause	(c)	ULMENO	1211	CAEMA -	MARVIN	WITH	70.	
PAR	II. OTHER SIGNIFICANT CONDI				كالمتحالة المتحالة المتحادث المتحادث والمتحاد			19. WAS	AUTOPSY
NO I							•	YES T	ORMED?
CERTIFICATION OB CO.	ACCIDENT WAS UNDERLYING	20b. DF	SCRIBE HOW INJURY OF	CCURRED. (E	nter noture of injury in Par	t I or Port II of item 18)	1.00	
OR O	ONTRIBUTING CAUSE OF DEAT	Н							
	TIME OF INJURY Month, Day,		JURY OCCURRED	20e PLACE	OF INJURY (Home, farm,	20f. (City or town	1) ((o	unty)	(Stote)
MEDICAL 20c	Haur o.m.	While	Not While		y, street, affice bldg., etc.)	(611)	,		(5.5.5)
	p.m.	19 at work		f	10	00 + 0 /	, 'a 10	/ in about	(1) () (
	21. I certify that (I) (the sow the deceased alive		1967, c	ond that	death occurred of	M, from cou	2 3 , 19 (ses ond on t	he dote st	oted obo
220	. SIGNATURE	10/1	11		ATTENDING MI	ED STAFF	22b. D	ATE SIGNED	1
1	6/1/1	1 Hotel	ma/	M.D.	PHYS.	RECTOR PHYS.	0 1	1231	17
220	PHYSICIAN'S NAME (Type)	1100		107.5	22d. ADDRESS		2	- /-	h 10
	HAME (Type) JOIA	1 H. S.	mul Tag	· h		MARKET SAM	14.11.6	14-1	1/119
		ATE THEREOF	23c. NAME OF CEME	1 0	1	23d. LOCATION (City of	r Town)	(County)	(State)
	NOVAL (Specify) 2/3	6/1967	Fernwo	ed C	emetery	Reversfor		gomery	1 PA.
_	ERAL DIRECTOR	141	ADDRESS		2So./REC'D B		. REGISTRAR'S	GIGNATURE /	0
car	un teliner	al Home	e cator	ence	P. MACDATE N	IAR 2 196	1	wills	Jung

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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AND ADDRESS OF THE PARTY AND ADDRESS OF THE PA

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	01947	CERTIFICATE	OF DEATH		01943
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if institutio	
	Daltimore	MARYLAND	o. STATE	ld b. COUNT	Balt.
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside carparote limits, write RURA	• • • • • • • • • • • • • • • • • • • •
	Kandallstown		Dal	unere 2	1207 Ma
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital	, give street oddress)	d. STREET ADDRESS	211 1 . 1	e. IS RESIDENCE ON A FARM?
	Baltimore Count		3415	1	rad YES NO
3.	NAME OF DECEASED (Type or print) Robert	Middle &. S.	Kinner	4. DATE Month OF DEATH 2	Doy Year 4 1967
S.	SEX 6. COLOR OR RACE 7. MARRIES		DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
		KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Notired x Cl/2mpaly	d Taundry		mos.	1 1 - 1.00
	FATHER'S NAME		14. MOTHER'S MAIDEN		
10	Frank Skinner WAS DECEASED EVER IN U.S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. IN	Margueri MFORMANT	te ?	
(Ye	s, no, or unknown) ((If yes give wor or dotes of service)	75-01-9610A II	herdesia	Laskinner	3415 Maybain R.
	18. CAUSE OF DEATH (Enter only one couse per line f	or (o), (b), and (c).)	0	01.00	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	conte Cardinesp	untry Fr	nhere	OWER AND DEATH
	5271 DUE TO				
	Conditions, if ony, which gove) (b)	Gr Porlman	le		3 days
	rise to immediate couse (a),	2			-
	stoting the underlying couse (c)	Employeme +	Druehm	1 orthun	YEARS.
	(*/	TO PERTURBE THE TOTAL PROPERTY TO THE	LIE TERMINAL DISEASE CO.	NATION CIVEN IN DART 1/-)	19. WAS AUTOPSY
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO TH	TE TERMINAL DISEASE CO	NUTION GIVEN IN PART I(0)	PERFORMED?
3	Pearuse, or	A ward	(grown	2 11 2 11 12 101	YES NO
CERTIFICATION.	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED. (E	Enter noture of injury in	Port I or Port II of Item 18.)	
MEDICAL	and the state of t		E OF INJURY (Home, form		(County) (Stote)
W.	Hour o.m. Whi		ory, street, office bldg., etc.		
	21. I certify that (1) (this hospital) atte	ended the deceosed from	2-2	1967 to 2-9	
	sow the deceased olive on 2-4		deoth occurred of	335 M, from couses o	nd on the dote stoted obove.
	22o. SIGNATURE	0		UCD CTAFF	22b. DATE SIGNED
	Griphly 91-	Typing M.D.		MED. STAFF PHYS.	2-4-67.
	22c. PHYSICIAN'S NAME (Type) ANGE CLIPA	TOPALIS M.D	22d. ADDRESS	4 .	
230	BURIAL CREMATION. 23b. DATE THEREOF	23c. NAME OF CEMETERY OR CI		23d. LOCATION (City or Town	n) (County) (Stote)
200	REMOVAL (Specify)	alteristin.	Hills	Chinchill	a. Pa.
24	FUNERAL DIRECTOR	ADDRESS	V ./	1-	ISTRAR'S SIGNATURE

1967

DATE FFR

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, remave carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. be executed within 24 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the haspital ar attending physician.

		MARY	LAND STATE	DEP	ARTMENT C	OF HEAT	.TH				
DIVISION	N OF STATISTIC	AL RESEA	RCH AND RECOR	RDS, 3	OF DEAT		T, BALTIM	ORE 1, MA	RYLAN	•	
0134	0		CERTIFICA	AIE	OF DEAT	П		01	011		
PLACE OF DEA	TH			11	USUAL RESIDEN	CE (Where de			- Land	edmission)	
	ltimore		MARYLAND		e. STATE Mary	land	b. COUN	Balti	imore		
b. CITY OR TOW	N (if putside corporate lin	nits,	c. LENGTH OF STAY IN 1	ь	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)						
Relay	and give nearest town)		two yrs.		XNXXXXX	Rel	ay		03	-/	
d. NAME OF HO	SPITAL OR INSTITUTION	(if not in hospi	tel, give street address)		d. STREET ADDRESS		-			ESIDENCE A FARM?	
					701 Gur	Road				NO T	
NAME OF DECEASED (Type or print)	Sister Ma		yrilla	Smi	th.	4. DATE OF DEATH	Month 2	De	-	67	
SEX	6. COLOR OR RAC	E 7. MARRIED	NEVER MARRIED	8. DA	TE OF BIRTH	9	. AGE (In yeers		_	24 HRS.	
F	Negro	WIDOWED	DIVORCED T	Ma	rch 13,	1893	last birthday) 73 yrs.	Months Deys	Hours	Min.	
	ATION (Give kind of wo		D OF BUSINESS OR INDU				1	12. CITIZEN	OF WHAT	COUNTRY?	
Teach	working life, even if reti	red)			Topeka,	Kans	25	II.	5.A.		
. FATHER'S NAME				14.	MOTHER'S MAIDEN		0.0		J • 21 •		
George	Smith				Sarah Ha	milto	n				
. WAS DECEASED	EVER IN U.S. ARMED FO		OCIAL SECURITY NO. 17	. INFO	EMANT 116	milio	Address				
	(If yes give wer or deteso		0560134	3 70	M. Magda	lon	701 G	un Rd.l	201+0	Ma	
18. CAUSE O	F DEATH [Enter only or			JI.	M. Magua	00	701 00	[1	NTERVAL BE	TWEEN	
PART t. DE	ATH WAS CAUSED BY	Chi	MIL ROY	201	Then	Hora	mal		SINE AND	DEATH	
1.0:	IMMEDIATE CAUSE (orne rich	LOLL	11111	TICIE	ricy		1	Luce	
Conditions, if	DUE TO								6		
geve rise to imm	ediete cause)					-				
(e), steting the											
ceuse fest.	HER SIGNIFICANT CONF		RIBUTING TO DEATH BUT	NOT REL	ATED TO THE TERMI	NAI DISEASE	CONDITION GIV	FN IN PART 1(a)	119 WAS	AUTOPSY	
PARI II. OI	HER SIGNIFICANT CON	JIIIONS COM	KIBOTING TO DEATH BOT	NOT KEE	ALL TO THE TERMI	INVE DIDENDE	CONDITION GIV	E14 [14 1 XK] 1(0)	PERFO	DRMED?	
		1 001 0000					10.		YES	NO [-]	
OR CONTRIBUTION	WAS UNDERLYING A NG CAUSE OF DEATH IFY MEDICAL EXAMINER	1	RIBE HOW INJURY OCCU	RED. (Ente	er nature of injury in	Pert I or Pert I	of item 18.)				
20c. TIME OF I					F INJURY (Home, farm		or town)	(County)		(Stete)	
Hour e.r		While et work	Not While	ractory, st	treet, office bldg., etc						
		oital) attende	ed the deceased from	1	DRIL	1965 to	Feb	6 106	that (1)	(we) last	
	eased alive on	an A		. /	th occured at						
22e. SIGNATUR	10			iai dea	ill occured al		1 1110 (80303	and on the		b. DATE	
220. 31011110	midi	Sicm	w	M.D.		MED. DIRECTOR	STAFF PHYS.			SIGNED	
22c. PHYSICIAN NAME (Ty		A. E	Bianco	á	22d. ADDRESS 3350 1	Wilke	ns Au	e 21	229		
Ba. BURIAL, CREM		EREOF	23c. NAME OF CEMETER	RY OR C	REMATORY	23d. LOC	ATION (City, tov	vn or gounty)	15	Stete)	
Burul Spec	Teh 91	67	new Call	7 /	al Cem	430	o all.	Fredrice	k K	rad	
FUNERAL DIRECT	OR'S SIGNATURE		ADDRESS Pol	M	25a, -RE	C'D BY REGIS	TRAR 256. REC	HERRAR'S SIGN	AFURE	R	
Journe 1	, Callette	11011	711, Car	uns	DATE	RZU	1991		0		

TO HOSPITA OR ATTENDING PHYSICIAN: The law requires that the death certificate be exect the part of the hospital or attending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 15M 7/61

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15. (Ye

CERTIFICATION

MEDICAL

24

VR A15 (4)

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0134	9		CERTI	FICATE	OF DEATH			110/	K
PLACE OF DEATH O. COUNTY	Baltimore		MAI	RYLAND	2. USUAL RESIDENCE (V o. STATE Mary		b. COUNTY	Residence beto	re odmission)
Catons	(If outside corporate limit nd give nearest town)		c. LENGTH OF STAY 38yrlimtl		c. CITY OR TOWN (If ou	tside corporate lin			est town)
	g Grove Stat				Almshouse				ON A FARM?
3. NAME OF DECEASED (Type or print)		rst	Middle		Lost Smodnicky	4. DATE OF DEATH	Month Februa	ry 15	y Year
S. SEX Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIE		DATE OF BIRTH			UNDER 1 YEAR Days	Hours Min.
	ON (Give kind of work dane g life, even if retired)		ND OF BUSINESS OR DUSTRY		Galicia, 14. MOTHER'S MAIDEN	& State, ar foreign Poland		12. CITIZEN O COUNTRY Pola	3
	/ER IN U.S. ARMED FORCES? (If yes give war or dates o	of service)	SOCIAL SECURITY NO.		FORMANT	State We	Address	Pagand	
Conditions, if on rise to immedia stating the und	ate cause (a),	TO (b)	Myocardia	al inf	arction			O	NSET AND DEATH
PART II. OTHER S	SIGNIFICANT CONDITIONS C		The same of			NDITION GIVEN IN	PART 1(a)		. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)		scribe How INJURY		a Enter noture of injury in	Part I ar Part II o	item 18.)		YES NO E
20c. TIME OF IN Hour o	JURY Manth, Day, Year	20d. If While of wark			E OF INJURY (Home, farm ry, street, affice bldg., etc.)		y or tawn)	(County)	(Stote)
21. I cert	tify that (Ec(this has deceased alive an_	pital) attender	ded the deceased	d fram and that	death accurred at	9:55 ta_ M, fro			hat (I) (wac) le ite stated aba
220. SIGNATURI		Aplifa		M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		15-67
22c. PHYSICIAN NAME (Typ		Felipe	, M.D.			Spring G		te Hos	pital
23a. BURIAL, CREMAT REMOVAL (Specif 24. FUNERAL DIRECT	21 2-21	EREOF 0-67	23c. NAME OF CEA	METERY OR C	REMATORY		Ny lity or Town)	(Count REC)	Ballo My
Kausi	Funeral	Ume	12165	(Darle	DATEFE			carles	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health prior ta burial, crematian, or removal, and in any event, within 72 haurs after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4).

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	Light Spiritur Orden Shall Hough	
	in the second of	

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01950 CERTIFICATE OF DEATH death. 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Baltimore Maryland after Baltimore MARYLAND c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Page hin 72 hours a Catonsville 2vrlmth 3dys Baltimore d. STREET ADDRESS 5926 Charles Street e. IS RESIDENCE DN A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) PENNY WAYNEY LONDON TOXING GROVE STATE HOSPITAL SPRING YES NO hin 3. NAME OF First Middle 4. DATE Month Doy remove carban × DECEASED Smyth 67 H. February 10 John DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years NEVER MARRIED birthdoy Hours 1884 9-14-84 in any WIDOWED DIVORCED male white 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT please during most of working life, even if retired) INDUSTRY COUNTRY? pup carpenter

13. FATHER'S NAME Mary land 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, en Dorothy John Smyth Sprunger IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. 218-10-3163 HOSPITAL GROVE SPRING STATE Records: 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pneumonia IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse priar to the lost. SD 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Health p USe Arteriosclerosis, generalized and severe YES K NO Par 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING Dept. af OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While 3 should be del ot work Feb. 10, 19 67, that ((we) last 21. I certify that (it (this haspital) attended the deceased fram. 19.65_ to. Feb. 10 19 67, and that death accurred at 2:25 M, fram causes and an the date stated above saw the deceased alive on_ 22b. DATE SIGNED 22o. SIGNATURE 2-10-67 Lella Wachsle 3 director, page 3 should be filed v M.D. STATE HOSPITAL 22d. ADDRESS SPRING GROVE 22c. PHYSICIAN'S Stella Wachder, M.D. NAME (Type) Baltimore, Maryland 21228 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) 23o. BURIAL CREMATION. (County) REMOVAL (Specify) 2-13-1967 Loudon Park Cemetery 3801 Frederick Ave, Balto.Md. BURTAL ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Avenue Charles Judg 21229

be executed within 24 hours after death. funeral s 1 and by the ru-_= filled campletely and physician certificate attending popermit. The death The law requires that the the signed by the burial-transit physician. **O HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the haspital ar attending has ATTENDING PHYSICIAN: certificate this TO FUNERAL DIRECTOR: After

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

OTOUR	CEKTIFICATE	OF DEATH		01947
1. PLACE OF DEATH			re deceased lived, if institution:	
BALTIMORE	MARYLAND	a. STATEL.	PRINCE	E GEORGE
b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b		e carparate limits, write RURAL	and give nearest tawn)
CATONSVILLE	4-YEARS	GLEN	DALE	16-2
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospit	tal give street address)	d. STREET ADDRESS	41 ROY 1	e IS RESIDENCE ON A FARM?
SPRING GROVE SY	HVE HOSPITAC	190016	#1-30X#	1-37 YES NO
3. NAME OF DECEASED (Type or print)	REBECCA SN		OF 2	Day Year 14 1967
5. SEX 6. COLOR OR RACE 7. MARR		8 -16 - 8 4		FUNDER 1 YEAR IF UNDER 24 HRS. lanths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark dane during most of working lite, even if retired)	b. KIND OF BUSINESS OR INDUSTRY HOSPITAL	11. BIRTHPLACE (County & St W ASHING)	, , , , , , ,	12. CITIZEN OF WHAT
13. FATHER'S NAME LEOMARD HERE		14. MOTHER'S MAIDEN NAM		40
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates af service)		NFORMANT UGENE S	NOWDEN-S	SAME AS Pt's
1B. CAUSE OF DEATH (Enter anly ane cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	MXO CARDI		PRTION	INTERVAL BETWEEN
Canditians, if any, which gave) DUE TO	ENERAKIZ	ZED ARTH	HERIOSCLER	OSIS YEARS
rise to immediate cause (a), stating the underlying cause (c) ast. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONDIT	ON GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES V NOTES
OR CONTRIBUTING CAUSE OF DEATH	b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part	I ar Part II of item 1B.)	
Haur a.m.		CE OF INJURY (Hame, farm, ary, street, affice bldg., etc.)	20f. (City ar tawn)	(County) (State)
21. I certify that (f) (this haspital) at	tended the deceased fram_			_/ . // / / / /
saw the deceased alive an 2-1	19 <u>6</u> /, and that	t death accurred at 🛂	M, fram causes and	d an the date stated above
220. SIGNATURE vlanda V	lilla M.C		D. STAFF PHYS.	22b. DATE SIGNED -63
22c. PHYSICIAN'S RULAND	OVIETA	SPRING	GROVE ST	T. HOSPITAL
236 BURIAL CREMATION, REMOVAL (Specify) 2/18/196	23c. NAME OF CEMETERY OR CO	CREMATORY Ly CEMPTER	23d. LOCATION (City or Town)	(Caunty) (State)
24. FUNERA DIRECTOR POR	4,14 ADDRESS - 14 ST	2So. REC'D BY DATEFEB		TRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and capapteraly filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death, be executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01952

CERTIFICATE OF DEATH

	LACE DF OEATI COUNTY	Balto.		MARYLAN	a. ST		Md.	ed lived, If in b. COUI	UTV .	esidence		Imission)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Catonsville 7 Days						c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) Edgemere						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)						T ADORESS				- W.	. IS RES	
		Nursing	Hone	, and a second			D+ 1	O D	3 OV		ON A F	
		, Mursing				4	ve. Rt.]			-		NO X
D	AME OF ECEASED		First	Middle	Las	it	4. DATE DF	Mont		Oay	Yea	
_	(ype or print)	Louis			Sohn		DEATH	Feb.8	1			67
5. SI	EX	6. CDLOR OR RAC	E 7. MARRIE	D NEVER MARRIED	B. OATE DE	BIRTH	9. A	GE (In years est birthday)	IF UNDER	1 YEAR	Hours	R 24 HRS.
Ma.	le	White	WIOOWE	DIVORCED	May 13	, 1887	79	yrs.	Mondis	Days	nours	Milit.
10a. U	SUAL OCCUPAT	ION (Give kind of wo	rk done 1Db.	KIND OF BUSINESS OR INOUSTRY	11. BIRT	HPLACE (Cou	inty & State, or	foreign country) 12. C	DUNTRY	OF WHAT	
	othing C			chloss Bros. Co	Bal	to. Md.			USA			
	FATHER'S NAM					HER'S MAIDE		100 100				
	William	Sohn			Ar	na Raal	h					
15. W	AS OECEASEO	EVER IN U.S. ARMED	FORCES? 1	6. SOCIAL SECURITY NO. 1	17. INFORMAN	T		Addre	SS TO T		30 8	6.3
(Yes,	20.00	(If yes give war or date				DOX	19 X		Dal		19, 1	la.
	No.			215-01-8561	Mr. Will	lam L.	Sohn Ch	esapea	k Ave.			
11				line for (a), (b), and (c).]	0.	10	11	1.			RVAL BE	
	PART I. UE	TATH WAS CAUSED I		y penlus	wyca	rdeo l	cuse L	us			/	
	443X	OU	E TO	1//.							1	
	enditions, If	any, which	(b) (renuc						1		
-	ave rise to	1	JE TD									
	ause (a), st nderlying caus	raring me (
			(c)	BUTING TO DEATH BUT NOT	RELATEO TO THE	TERMINAL OI	SEASE CONOIT	ION GIVEN IN	PART 1(a)	119.	WAS AU	TOPSY
ATI								-		VE	PERFOR	MED?
E S	Oa ACCIDENT	WAS UNDERLYING	7 20b.	DESCRIBE HOW INJURY (OCCUPANT /Ent	or natura of I	Inlum In Dark	Lor Dort II (d Itam 10	YE	2 [NO NO
CER ()	R CONTRIBUTI	ING CAUSE OF O	ATH MINER)	DESCRIBE HOW INJURY	COURNED. (EIII	si ilatule of t	mjury m Part) Ifem 10	.)		
MEDICAL		INJURY Month, Oay	, Year 20d.	INJURY OCCURRED 20e.	PLACE OF INJU	RY (Home, far	m, 20f. (Cit	y or town)	(Cou	inty)	(8	State)
EDI	Hour a.n		Whi	IN LANGE MILLIE LANGE	actory, street, o	nice bldg., etc	-					
≥ -	p.r				9 ~	***	67.		10	7	-1 (1) (-1	Z look
			spital) atten	ded the deceased from	that death occ	, 19	, to	"	, 192	, th	at (I) (v	ve) last
_		ceased alive on	-	1967, and	that death occ	curred at X	M, from	the causes				above.
2	22a. SIGNATURE 22b. OATE SIGNED MEO. OIRECTOR PHYS. 22b. OATE SIGNED 22c. OIRECTOR PHYS. 22c. OATE SIGNED									7		
2	2c. PHYSICIA NAME (T)	(n's I. C	SAR	L PASS	22d. 1	DOC C	well	ren	sa	re	1	
23a.	BURIAL, CREM	IATIDN, 23b. DATI	E THEREOF	23c. NAME OF CEME	TERY OR CREMA	TDRY	1 23d. LOCA1	TION (City, to	own or cou	intv)	(St	tate)
	REMDVAL (Spe	eclfy)	10 2005								,01	
_	Burial FUNERAL DIRE	Feb.	10,1967	ADORESS	Cem.	1 25a. REC'	0 BY REGISTR	ARI 25h R	EGISTRAR'	S SIGN	ATURE	
			12 Fred	erick Ave. Bal	to Ma	23a. REC	COD 4 C	1007	ML		es Je	chen
G.	. II uniall	Deliwar)	TE LIEU	elicy was par	Loo. Mu.	DATE	-= T	וסטו	1	7,7	7	6

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	01229			CENTIFICAT	C OL DEVIL	1	111	UNU			
1	1. PLACE OF DEATH				2. USUAL RESIDEN	CE (Where deceased live	d, If institution:	Residence before	admission)		
	a. COUNTY	1 - 1 - 1 - 1 -		1000.000	a. STATE		b. COUNTY		1		
-		LTIMORE (if outside corpora	to limite	MARYLAND 1 c. LENGTH OF STAY IN 1b	NORTH	CAROLINA	ASHEV		root town)		
L	write RURAL	and give nearest to	vn)	C. LENGTH OF STAT IN 10		f outside corporate il	mits, write KUKA	r and give near	rest town)		
_	TOWS				PISHEV	ILLE		7	0-3		
	d. NAME OF HOS	PITAL OR INSTITUTI	ON (if not in h	ospital, give street address)	d. STREET ADDRESS	LADONIA	ROA		A FARM?		
-	GREATER	BALTO	MEDICA	AL CENTER	6701 N.	JANKLES	57.	YES	No&		
1	3. NAME DF DECEASED		irst	Middle	Last	4. DATE DF	Month	1,-	Year		
-	(Type or print) 5. SEX	SUSA	1		SPALDING	DEATH	2-	15- 1	-		
1	D. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	last blo	rthday) IF UNDE	Days Hour			
	1	w	WIDOWED	DIVORCED	11-18-71	90	yrs.	Days Hour	rs Min.		
1	Oa. USUAL OCCUPATI Juring most of working	ON (Give kind of work	done 1Db.	(IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (C	county & State, or foreig	n country) 12. (ITIZEN OF WH	IAT		
ľ		MAKER		WN HOME	ROMNEY	W. VIRGIN		O'SA			
1	13. FATHER'S NAME	MACK	1 0	ev it moite	1 14. MOTHER'S MAII			USA	-		
	HOLDA	DOGE	CHIDE	STEP	HAN	INA SUSA,	N WA	KED			
	15. WAS DECEASED E	VER IN U.S. ARMED FO	ORCES? 16.		INFORMANT	,,,,	Address	. ~/			
1	(Yes, no, or unkown)	(If yes give war or dates		13-05-4920 R	ICHARDN.	WILLS	Mc Don	OGH .	Md.		
=	1 18. CAUSE OF D	FATH (Enter only or		line for (a), (b), and (c).]				I INTERVAL I			
		TH WAS CAUSED BY	6	101 (a), (b), and (c).1	1 1	n	4	ONSET AN	D DEATH		
	11001	IMMEDIATE CAUSE (a) Who was a sure of the control o									
	4001	4201 DUE TO									
	Conditions, If a		(b)	\		1					
		gave rise to immediate cause (a), stating the DUE TO									
	underlying cause		(c)					1			
CEDTIEICATION	PART II. OTHERS	GNIFICANTCONDITI		UTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL	DISEASE CONDITION G	IVEN IN PART 1(a)	19. WAS PERF	AUTOPSY ORMED? NO		
E	2Da. ACCIDENT	VAS UNDERLYING	2Db.	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature o	f Injury In Part I or F	art II of Item 18				
200	OR CONTRIBUTION	IG [] CAUSE OF DEA IFY MEDICAL EXAMI	TH I								
		NJURY Month, Day,		NJURY OCCURRED 20e. PLA	CE OF INITION (Hower &	nem 206 (01h) 1	(0.000)	tem due)	(Ctots)		
MEDICAL	Hour a.m		While	facto	CE OF INJURY (Home, fary, street, office bldg., e	arm, 20f. (City or tetc.)	.UWII) (GO	unty)	(State)		
BAC	p.m		at wor								
	21. I certify	that (I) (this hos	pital) attend	ed the deceased from	1-74 ,1	9 [] to]-	15 , 19	(1 that (1)	(we) last		
		eased alive on 3	- 15	4 4	death occurred at	M, from the	causes and on	O P	-		
	22a SIGNATUR	E 11 11	110	0			22b. I	DATE SIGNED			
	1 What	wel !!	4mm	M.I.		MED. STAF	F 10/ 2.	-15-	67		
	22c. PHYSICIAN				22d. ADDRESS	DIRECTOR THIS	. 121				
	NAME (Typ	e) MANUE	EL Y-	GATCHALLHI	V 6701	N. CHA	KLES	ST			
2	3a. BURIAL, CREMA	TION, 23b. DATE	THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, town or co	unty)	(State)		
	REMOVAL (Spec	ity)	/1967	Druid Rid	CO		ille, E		SM OF		
1	24. FUNERAL DIREC	TOR 1 2/16/	1701	ADDRESS		C'D BY REGISTRAR					
H	.W.Jenkir		Co.	4905 York Rd	• DATE F		4	elas Vers			
		400	79 1 79	0 363	DATE	LUIII IMM	y Color	MY 164 VICE	F-EAL		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon hapers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any events within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TD HDSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician.

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FOR STATE HEALTH DEPT.

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Sample the State Deportment of Health or its designated agent, prior ta buriol, cremation, or removal, and in any event within 72 hours ofter death. 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and

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necessory, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta

This certificate should be executed within 24 hours after death. If

TO DEPUTY MEDICAL EXAMINER:

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

I tem 9 Film G385 2/8/67 mh

	0195%	Item	MEDICAL EXAMINER'S	CERTIFICATE O	F DEATH	01050			
	COUNTY	timore	MARYIAND	2. USUAL RESIDENCE (V	Where deceased lived, if institution and b. COUNTY	Residence Defere admission) Harford			
-		If autside carporate limits,	MARYLAND c. LENGTH OF STAY IN 15	CITY OR TOWN (If autside corporate limits, write RURAL and give neorest town)					
	write RURAL and	give nearest tawn)		Towson	tales corporate minto, with Notice	131			
-		AL OR INSTITUTION (If not in I	haspital, give street address)	d. STREET ADDRESS		e is residence			
	170	5 Aberdeen Rd	1.	1705 Aberdeen Rd. ON A FARM?					
	NAME OF DECEASED	First	Middle	Last	4. DATE Month OF	Doy Year			
	Type or print)	ROBERT		SPEAR	DEATH Februar				
S. :	SEX	6. COLOR OR RACE 7. A		B. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS.			
	Male	***************************************	VIDOWED Separated	3-15-191					
	ng mast af warking	(Give kind af wark dane life, even if retired)	1Db. KIND OF BUSINESS OR INDUSTRY	Ti. BIRTHPLACE (State	or fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?			
12	(arpen	ter		Maine 14. MOTHER'S MAIDEN N	IAA4F	USA			
13.		7. 1 ((111				
15	was necessed eve	Tyler W. S		Helen M.	• Wagner Address				
(Ye		(If wes give war ar dates of serv	vire)	s Helen E	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
4		ATH (Enter only ane cause pe		s recen C	Seriau	INTERVAL BETWEEN			
		TH WAS CALISED BY-	Occlusive coronary	artoriosolo:	matic beaut die.	ONSET AND DEATH			
	4201	DUE TO	rectusive colonary	ar cerioscie	TOLIC HEALL GISE	ease.			
	Conditions, if any								
H	rise to immediat stating the unde								
	lost.) (c)							
-	PART II. OTHER SI	GNIFICANT CONDITIONS CONTRI	RIBUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY			
ATIO		-				PERFORMED? YES X NO			
CERTIFICATION	20a. EXTERNAL CA PRIMARY ☐ ar CO CAUSE OF DEATH.		2Db. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in I	Part I or Part II of item 1B.)	Comp.			
2Dc. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.) at work of twark at work of the properties									
	21. I certif	y that I took charge af	the remains described above, he	ld an Autapsy 🔀	Inspection , Inquiry	and in my apinian			
	death result			ide , Hamicide	Undetermined mann	ner 🗍			
	ACTUAL	FIRMA		CHIEF MEDICAL	EXAMINER				
	ACTUAL SIGNATURE	1 Cerci	lefy Xr	M.D. ASSISTANT MED	ICAL EXAMINER X	22. DATE SIGNED			
	EXAMINER'S NAME (Type)	Rudiger Br	reitenecker, M.D.	DEPUTY MEDICA Address (Street	.L EXAMINER , city, tawn, ar caunty)	2/2/67			
230.	BURIAL, CREMATIC		F 23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (State)			
	Burial 2-4-67 Gardens of Faith Baltimore, Md.								
1	FUNERAL DIRECTO		ADDRESS	1 have held	BY REGISTRAR 25b REGIST	TRAR'S SIGNATURE			
L	Leonard J. Kuck, Inc Baltimore, Md. DATE BO 1961 generales Judge								



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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

J.	01955			CERTIFICA	TE OF	DEATH		01	1951
		TIMORE		MARYLAND	0.	STATE Md		b. COUNTY	idence before admission)
	b. CITY OR TOWN (If or write RURAL and gir CA TOWS	re nearest tawn)		LENGTH OF STAY IN 16	1	ATONS	tside corporote limits,	write RURAL ond	03-1
	SUMMIT	OR INSTITUTION (If not i			19	REET ADDRESS N. Be	11e GROV	e Rd	e. IS RESIDENCE ON A FARM? YES NO
1	NAME OF DECEASED (Type or print)	ANNA		E, Middle		lost 165	4. DATE OF DEATH	Month -	00y Year 17 - 1967
S	F	W	. MARRIED	NEVER MARRIED DIVORCED	00	OF BIRTH 7. 28, 1		thdoy) Montl yrs.	
duri	. USUAL OCCUPATION (Ging most of working life, House Wi	ve kind of work done even if retired)	10b. KIND INDUS	OF BUSINESS OR TRY			& Stote, or foreign cour	ntry) 12	COUNTRY?
	PATHER'S NAME	F. TRIb	411		1 4-1	OTHER'S MAIDEN I	-1 0 1	sTein	
	WAS DECEASED EVER IN (If the state of the st	U.S. ARMED FORCES? yes give wor or dotes of s			17. INFORM 175. CA		Giese SR.	Address CA7	insville Md
		ouse (o), (DUE TO	and	(b), and (c).) Mysear	and Card	Infarc p. Vare	Tion ulas Tis	sse	INTERVAL BETWEEN ONSET AND DEATH
ATION	PART II. OTHER SIGNI	FICANT CONDITIONS CON	TRIBUTING TO D	DEATH BUT NOT RELATED	TO THE TER!	MINAL DISEASE COM	NDITION GIVEN IN PAR	T 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	20o. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEE	CAUSE OF OEATH	20b. DESCR	BE HOW INJURY OCCURE	ED. (Enter n	oture of injury in	Port I or Port II of ite	m 1B.)	
MEDICA	20c. TIME OF INJURY Hour o.m. p.m.	Month, Day, Yeor	2Dd. INJUR While of work	Not While		JURY (Home, form et, office bldg., etc.)		town)	(County) (Stote)
	21. I certify that (I) (this haspital) attended the deceased fram 3-11-, 1957, to 2-17, 1967, that (I) (We) last sow the deceased alive an 2-16 1967, and that death accurred ot 2328 M, fram causes and on the date stated above.								
	220. SIGNATURE	n K. Lat	Lage	7 Dr.	M.D. PH		MED. ST. DIRECTOR PH	AFF 22b	o. OATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	VINCE IN	Ga11.	agersr.	6	209 Fred			11228 Md.
1:	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THERE 2-20		Louden P		MI		MORE_	(County) (Stote)
24	FUNERAL DIRECTOR	nell	301	Frederick	- Rd		BY REGISTRAR	2Sb. REGISTRAR	

Ballo md. 21268

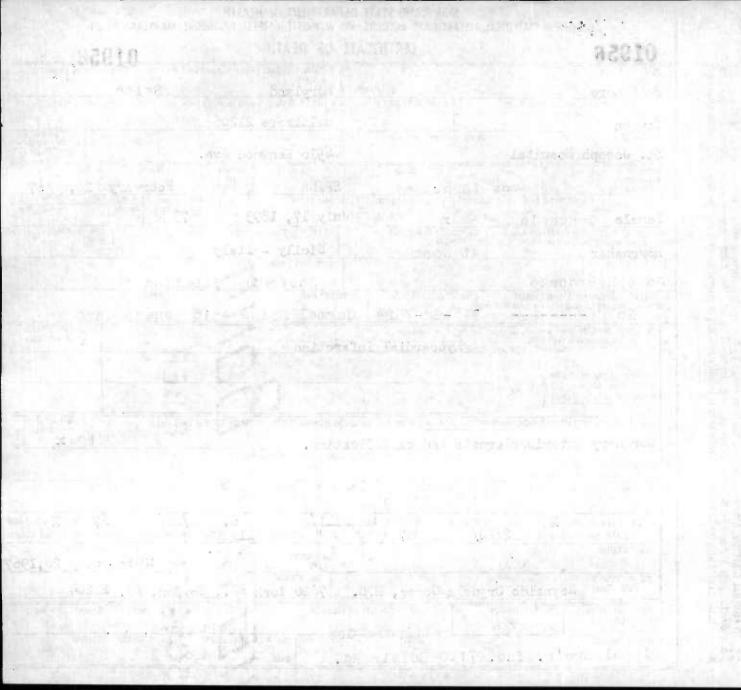
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exercised within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death Page 4 may be retained by the haspital ar attending physician.

adio : 12 grace kentanga, ambipunga deluka 1922.10

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01956 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY Baltimore Maryland Balto MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 21206 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? St. Joseph Hospital 4516 Kenwood Ave. YES NO T 3. NAME OF First Middle 4. DATE Month DECEASED SPINA February (Type or print) Anna 20. 1967 Annetta DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED lost highdoy) Months Dovs Hours July 17, 1893 Caucasian WIDOWED DIVORCED Female 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Sicily - Italy

14. MOTHER'S MAIDEN NAME Homemaker Home USA 13 FATHER'S NAME Joseph Brocato Josephine Sabatino 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 216-28-7524 Carmel Spina 4516 Kenwood Ave CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH Myocardial infarction IMMEDIATE CAUSE (a) DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES TO Coronary arteriosclerosis and calcification. NO 20o ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) ot work at work 21. I certify that (this haspital) attended the deceased from 2/11. 19 67, to 2/20 1967, that (W) (we) last , and that death accurred at 11:20M, fram causes and on the date stated above. saw the deceased alive an 2/20/ 22o. SIGNATURE 22b. DATE SIGNED MED. ATTENDING STAFF February 20,1967 DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Reynaldo Orjuela-Gomez, M.D. 7620 York Rd., Towson, Md. 21204 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Burial Baltimore. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Dippel Bro's. Inc. 7110 Belair Rd.

death. within 24 haurs after death funeral sel and by the tune Pages 1 ofter (papers. Page hin 72 haurs o = filled carban The law requires that the death certificate be executed remove physician and . L ledse pup d or remayal, attending phys cremation, signed by the burial-transit burial, the hospital ar attending the has been SD use Health I State Dept. of detached **DIRECTOR:** After O HOSPITAL OR ATTENDING Page 4 may be retained by be , page 3 should be filed with the 3 FUNERAL director, shauld be 0 VR A15 (4) 20 M 1/66



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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deapth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE DF DEATH 9. COUNTY D 3 4 5 m and a	2. USUAL RESIDENCE (Where deceased lived, If institution: Res	sidence before admission)			
Baltimore MARYLAND	Pa c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)		ind Riae neglest fown)			
TOWSON d. NAME DF HOSPITAL DR INSTITUTION (if not in hospital, give street eddress)	Philadelphia d. STREET ADDRESS	e. IS RESIDENCE			
Dulaney Towson Nursing Home	531 W. Luray St.)18140)	e. IS RESIDENCE ON A FARM? YES NO A			
3. NAME DF First Middle	Last 4. DATE Month	Day Year			
OECEASED (Type or print) Emma J	Stahl DEATH February	7 19 67			
	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS.			
	4/11/1889 77 yrs.	Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY		IZEN OF WHAT INTRY?			
Housewife Own Home		S.A.			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
John Trimborn 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address				
(Yes, no, or unkown) (If yes give war or dates of service)		77177 01 5			
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	lliam H. Stahl, 15 Murray	INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY: Constitution of	sent la line	ONSET AND DEATH			
14200 DUE TO	tis peort disease	100			
	is post disease	Glare			
gave rise to immediate cause (a), stating the DUE TD					
underlying cause last. (c)		Land Was all Topoy			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA		19. WAS AUTOPSY PERFORMED?			
2Da ACCIDENT WAS INDEDITING TO 1 20h DESCRIBE HOW INTIDE OCCUR	RRED. (Enter nature of injury in Pert I or Part II of Item 18.)	YES ND			
B DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INCLD. (Lines nature of arguly in Fort 1 of Fart 11 of Item 10.)				
	CE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bidg., etc.)	ty) (State)			
21. I certify that (1) (this hospital) attended the deceased from		, that (I) (we) last			
saw the deceased alive Dn 3/5 1907, and that	death occurred at AM, from the causes and on the	e date stated above.			
Dr. F. Cof3 M.D.	ATTENDING AT MED. STAFF	Feb 67			
NAME (Type) Dr. William F. Cox, III	1118 St. Paul St.				
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY					
RemBurial 2/10/190/ pt. Peter's L	outh.Ch.Cem. Lafayette Hil	l, Pa.			
H.W. Jenkins & Sons Co. 4905 York Rd	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	0			
Balto.12, Md.	DATE B 1 0 1961 Jane	Judge			

VR AI5 (4) 2DM 1/65

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the white a contract the second such that we can

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01954

	U1958	CERTIFICATE	OF DEATH		01303					
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Wh	ere deceosed lived, if institution:	Residence before admission)					
9	a. COUNTY BALT MARE	MARYLAND	a. STAJE ARYL	b. COUNTY	BALTI MURE					
4	b. CITY OR TOWN (If autside corporate limits.	c. LENGTH OF STAY IN 1b		de carparate limits, write RURAL						
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest town)	12 XRS.	/	dowNE	12-1					
	d. NAME OF HOSPITAL OR INSTITUTION (If not in has		d. STREET ADDRESS	402010	e. IS RESIDENCE					
0	2430 Zion 1	POAL	2430	Zion Ron	ON A FARM? YES NO					
3.	NAME OF First	Middle		4. DATE Month	Day Year					
	(Type or print) WilLiam	GEOR95	STADT	DEATH ITE 6.	20 1967					
S.	SEX 6. COLOR OR RACE 7. MAR		B. DATE OF SIRTH		FUNDER 1 YEAR IF UNDER 24 HRS.					
	MALE WhiTE WIDO	OWED DIVORCED	SAN 14,19	200 67 yrs.	ionins bays naurs min.					
10		Ob. KIND OF BUSINESS OR	11. BIRTHPLACE (County & !	Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?					
au	ring most of working life, even if retired)	YEAT PACKING	MARV	LAND	U.S.A					
13	. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	^					
	GEORGE S	SIAPT	BARDA	RA Hott	MAN					
	. WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT	Address	. 01					
1,	'es, na, ar unknawn) (If yes give war ar dates af service)	216-03-0959	RYTh Pa	TERS 243	o Zion Rd.					
	18. CAUSE OF DEATH (Enter only one cause per lin	ne far (a), (b), and (c).)	1		INTERVAL BETWEEN ONSET AND DEATH					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carelial hemorrhage									
	3 3 /X DUE TO // /e .									
	Conditions, if ony, which gave (b)	sypertensian								
	stoting the underlying couse DUE TO	3 10 . = 200	1							
	lost. (c)	wellers teers	حدا							
2 2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?					
2 E					YES NO					
CERTIFICATION	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	Ob. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Po-	rt I or Part II of item 18.)						
MEDICAL	20c. TIME OF INJURY Month, Day, Year		E OF INJURY (Home, farm, ory, street, affice bldg., etc.)	20f. (City ar town)	(County) (Stote)					
W	p.m. 19	While Nat While factor	ory, sireer, drince bidg., erc.)							
	21. I certify that (I) (this haspitol) of	attended the deceased from	July , 19	58, to Deliver	, 19 <u>6</u> 7, that (I) (we) last					
	saw the deceased alive on the	20 19 6 1, and the	death occurred at_	P. M, from causes on						
	22a. SIGNATURE	0,000	111111111111111111111111111111111111111	ED. STAFF	22b. DATE SIGNED					
	M. DINCKIAN'S	M.C	D. PHYS. LS DI 22d. ADDRESS	RECTOR L PHYS. L	7-101					
1	22c. PHYSICIAN'S NAME (Type)		ZZU. ADDRESS		2 5 5 C 2 C 2 C 3 C 1 D					
23	a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR (CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)					
4	SURCAL 2-23-0	7 Loydor	PARIT	BALTIMO	RE Md					
3	A FUNERAL DIRECTORS Chun Live	EPAL ADDRESSME	25a. REGD	REGISTRAR 25b. REGIS	TRAR'S SIGNATURE					
	Francis H. Millie 21	or relevels a	ere DATE	2 2 1901	Marles Judge					

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and lampletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please Ternave carbon papers. Pages 1 and 2 should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. be executed within 24 haurs after death **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate Page 4 may be retained by the haspital or attending physician.

THE PART OF STREET STREET, STR

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	01959			CEKI	FICATI	E OF DEATH			Ul	955	
	LACE OF DEATH	timore	C	1	RYLAND	2. USUAL RESIDENCE (o. STATE Mary	land	b. COL	INTY		1
b	. CITY OR TOWN (I	f outside corporate limit give nearest town)	s,	CLENGTH SOF NO	En 1p	c. CITY OR TOWN (If a	utside carpai	rate limits, write RL	JRAL ond give	nearest town)	
	70	SUSON		1950		Balt	imore			30	,
d	. NAME OF HOSPITA	AL OR INSTITUTION (If n	at in h	aspital, give street address)	1,000	d. STREET ADDRESS	0	W.		e. IS RES	FARM?
4	ged W.	omens +	M	ens Hom	es	2735 11. 0	atue	rt st		YES	NO X
	IAME OF ECEASED	€ Fi	rst	Middle	01	Last	4. DATE OF	Man			ear
(1	Type or print)	Loue			Ste	ennetz	DEATH		bruary		67
S. S	EX	6. COLOR OR RACE	7. M	ARRIED NEVER MARR	IED 🔲	8. DATE OF BIRTH		AGE (In years last birthday)	IF UNDER 1	Davs Haurs	ER 24 HR
]	Femade	White	WI	DOWED XX DIVOR	ED 🗌	June 10, 18		89 yrs.			
10a.	USUAL OCCUPATION	(Give kind of work done		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County		areign country)		ZEN OF WHAT	do
	ng most of working l Homem	aker		Home Home		Marylam				Min	. 4.
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME		r C .		
		John Georg		Blum					Kraft		
1S. (Yes	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war or dates	of servi	16. SOCIAL SECURITY NO		INFORMANT		Addi		//	400
,]	No				-5/	rances St	neck	fues 6	15 Ch	restri	it
T			use per	line far (a), (b), and (c).)	4-					INTERVAL B ONSEL AND	
		H WAS CAUSED BY: IMMEDIATE CAUSE	(a)	Broneles -						4 day	DLAIII
	4221	DUE	TO		-1	Cardine f	-:0			mout	10
	Conditions, if any, rise to immediate	e couse (o)	(b)	ASCUS!	ungh	Cardine f	auem	e		11000	4.2
	stating the under									3	
	last.	,	(c) _							Tre was at	Tabeu
S	PART II. OTHER SIG	GNIFICANT CONDITIONS (ONTRI	BUTING TO DEATH BUT NOT F	RELATED TO	THE TERMINAL DISEASE CO	NDITION GIV	/EN IN PART 1(a)		19. WAS AU PERFOR	MED?
3										YES	NO L
CERTIFICATION	OR CONTRIBUTING			205. DESCRIBE HOW INJURY	OCCURRED.	(Enter noture of injury in	Part I ar Pa	ort II at item 18.)			
		MEDICAL EXAMINER)					1 224		- 10	.)	10
MEDICAL	20c. TIME OF INJU	IRY Month, Doy, Year	26	20d. INJURY OCCURRED While Not While		ACE OF INJURY (Hame, får tory, street, affice bldg., etc		(City or town)	(Cou	nty)	(Stote)
Σ	p.n	1. 19		atwork atwark							
	21. I certif	y that (1) (this has	spital	attended the decease	d fram≥			to Feb.			
1		eceased alive an I	eb	1/196/	, and the	at death accurred a	1 Pi	M, fram causes			ed aba
	22a. SIGNATURE	20. 0-1	5	Day		ATTENDING	MED.	STAFF		TE SIGNED	61.
1	22c PHYSICIAN'S	uwand	(· Duy	M	D. PHYS. 22d. ADDRESS	DIRECTOR	PHYS. L	1-10	may 8,	170
	NAME (Type)	Newland	E	. Day, M.D.		4-E-33	NST.	Balt.	me.	Mar	1/act
	DUDIAL CDEMATIC				METERY OR			OCATION (City		(4
230.	REMOVAL (Specify)			23c. NAME OF CE				OCATION (City or To		. ,,	(State)
						Cemetery	D BY REGIST		REGISTRAR'S SI		
Win	Cook-B	rooks Tows	on,	1050 York R	bac		CD O	1007		when In	dag
				Thorason / M.	7	nd DATE	FDY	1.30	15	1 LANY YOU	100

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please tomove carbon papers. Pages 1 and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

VR A15 (4) 20 M 1/66

0.1955 Bearder Palacener 1550 D with Burling Finlen BOOMERS The state of the s 4-8330 Stalling Margh m Christian and Sale

CERTIFICATE OF DEATH

1		1	INA
6			M
	-	2	ı.e.

24 haurs

within

executed

funeral ician and campletely filled in by the fur lease remave carbon papers. Pages 1 and in any event, within 72 haurs after physician c ar remaval, attending p crematian, signed by the burial-transit g burial, crematin far use as the b f Health priar ta b peen the attending has certificate be retained by the haspital r this certif detached Dept. af be de State

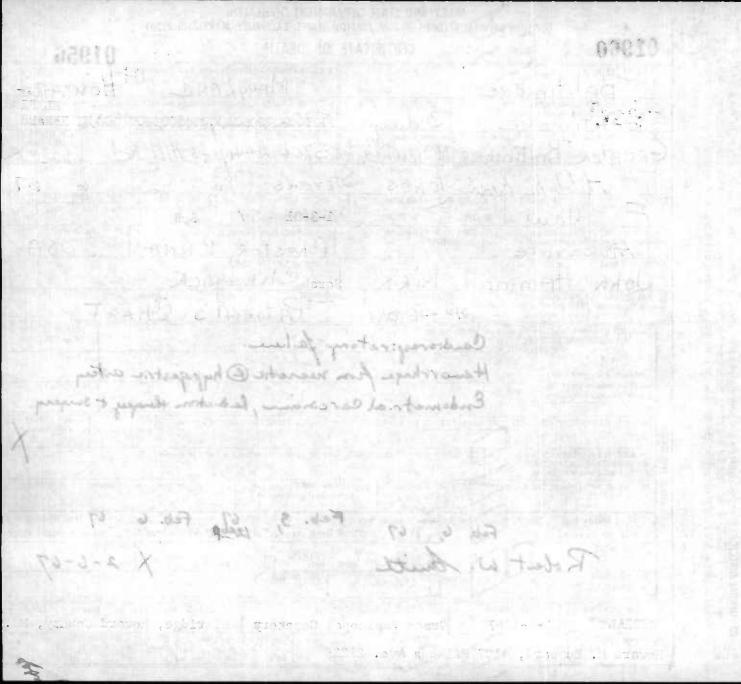
56 TO FUNERAL DIRECTOR: After directar, page 3 shauld shauld be filed with the

01960 2. USUAL RESIDENCE (Where deceosed lived, if institution: Resu PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn e. IS RESIDENCE ON A FARM? d. STREET ADDRESS NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) NO X NAME OF Month Doy Year DECEASED (Type or print) YENS DEATH 1960 IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR **NEVER MARRIED** last birthdoy) Months Dovs WIDOWED DIVORCED 12 CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR & Stote or foreign country) during most of yorking life, even if retired INDUSTRY COUNTRY? 13. FATHER'S NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month. Dov. Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work of work 1967, to feb. 21. I certify that (1) (this hospital) ottended the deceased from Feb. 19 67, and that death occurred at 1246 M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BURYA (Specify) Elkridge, Howard County, Md. 2-8-1967 Grace Espicopal Cemetery 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS 2Sb. REGISTRAR'S SIGNATURE Howard H. Hubbard, 4107 Wilkens Ave. 21229

Page 4 may VR A15 (4) 25M 1/67

ATTENDING PHYSICIAN:

O HOSPITAL

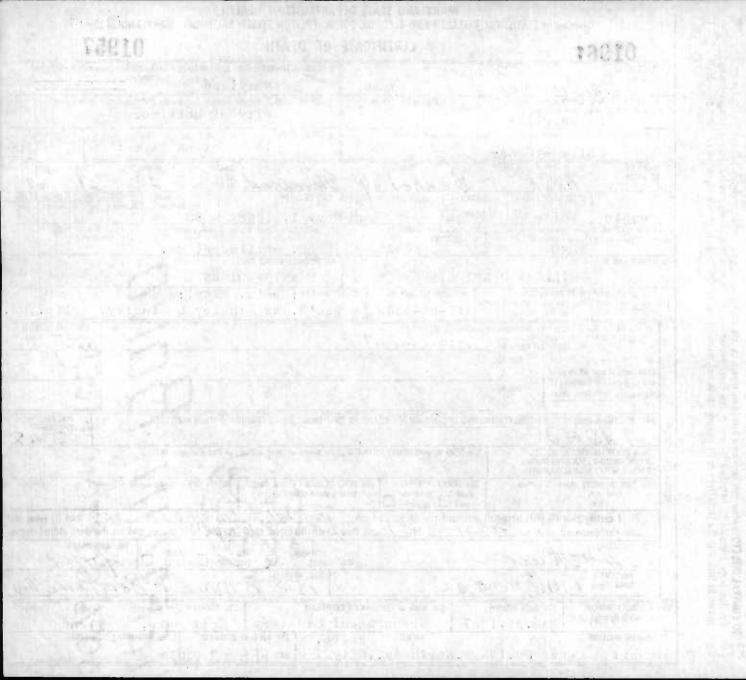


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

OT90		CERTIFICAT	E OF DEATH U19	01
o. COUNTY BOL	TIMORE	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Reside a. STATE Maryland b. COUNTY	nce befare admission)
b. CITY OR TOWN (If or write RURAL ond git Lut		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparate limits, write RURAL and give City of Baltimore	30-4
	or INSTITUTION (If not in h	nospitol, give street address)	d. STREET ADDRESS 1533 Bolton Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type ar print)	ANNA	Berkeley	Stevenson DEATH 2	Doy Year 2 / 1947
5. SEX 6.		MARRIED NEVER MARRIED X	8. DATE OF BIRTH 9. AGE (In years last birthday) Nov. 1, 1868 98 yrs.	Doys Hours Min.
10o. USUAL OCCUPATION (G during mast of working life N		10b. KIND OF BUSINESS OR INDUSTRY NONE	Prob. Baltimore, Md.	ITIZEN OF WHAT DUNTRY?
13. FATHER'S NAME	WILLIAM HE	NRY STEVENSON	14. MOTHER'S MAIDEN NAME FANNY MADISON	
IS. WAS DECEASED EVER IN (Yes, no, or unknown) (If	N U.S. ARMED FORCES? yes give war or dotes of serv	iroll .	Dec'd.) hx Hinkley & Singley	, Balto.,Md
	H (Enter anly ane couse pe WAS CAUSED BY: IMMEDIATE CAUSE (a)	r line for (9), (b), and (c).)		SONSET AND DEATH
Conditions, if any, what rise to immediate constants to immediate constants to the state of the	ouse (o),			
PART II. OTHER SIGNI	FICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
	(4 ()			PERFORMED? YES NO
20g. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEI	CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Port I or Port II of item 18.)	
20a. ACCIDENT WAS UN OR CONTRIBUTING (I (IF EITHER, NOTIFY MEI 20c. TIME OF INJURY Hour a.m.	CAUSE OF DEATH DICAL EXAMINER)	20d. INJURY OCCURRED 20e. PL While Nat While fo		
20c. TIME OF INJURY Hour a.m. p.m.	CAUSE OF DEATH DICAL EXAMINER) Manth, Day, Year 19	20d. INJURY OCCURRED 20e. PL While of work of work fo	LACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Co	aunty) (State)
20c. TIME OF INJURY Hour a.m. p.m.	CAUSE OF DEATH DICAL EXAMINER) Manth, Day, Year 19 that (I) (this haspital	20d. INJURY OCCURRED 20e. Pl While of work Nat While of work fo ot work ot work 10 ot work 10	LACE OF INJURY (Hame, farm, 20f. (City ar town) (Contary, street, affice bldg., etc.) Contary, street, affice bldg., etc.) 20f. (City ar town) (Contary, street, affice bldg., etc.) 196 Contary, street, affice bldg., etc.) 197 Contary	aunty) (State)
20c. TIME OF INJURY Hour a.m. p.m. 21. I certify saw the dece	CAUSE OF DEATH DICAL EXAMINER) Manth, Day, Year 19 that (I) (this haspital eased alive an Second	20d. INJURY OCCURRED While Not While of work of work 1967, and the	LACE OF INJURY (Hame, farm, cotary, street, affice bldg., etc.) Cotary, street, affice bldg., etc.) 20f. (City ar town) (Cotary, street, affice bldg., etc.) 1960. ta Fall 24 1960. ta Fall 24 1960. 1960. ta Fall 24 1960. t	ounty) (Stote) 2, that (I) (we) lase the date stated above
20c. TIME OF INJURY Hour a.m. p.m. 21. I certify saw the dece 22a. SIGNATURE 22c. PHYSICIAN'S	CAUSE OF DEATH DICAL EXAMINER) Month, Day, Year 19 that (I) (this haspital eased alive an Fa	20d. INJURY OCCURRED 20e. Pl While of work of work fo of work	LACE OF INJURY (Hame, farm, cotary, street, affice bldg., etc.) Cotary, street, affice bldg., etc.) 20f. (City ar town) (Cotary, street, affice bldg., etc.) 1960, ta Fell 24 , 1960, ta Fell 24 , 1960, tax death accurred at 10 10 pM, fram causes and an attending ATTENDING MED. STAFF 22b. I 22d. ADDRESS 2	ves No state) (Stote) (Stote) (Stote) (Stote) (Stote) (Stote) (Stote) (County) (Stote) (Stote) (Stote)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior ta burial, cremation, ar removar, and in any event, within 72 haurs after deafth. VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Н	01962			CERTIF	ICATE	OF DEATH		019	58
	PLACE OF DEATH D. COUNTY	Baltimore		MARY	LAND		Where deceosed lived, if institution b. COUNT		efore odmission)
	o. CITY OR TOWN (write RURAL one FOR	If outside corporate limits, give negrest town)		c LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If our Hyattsvi	tside corporote limits, write RURA	L ond give ned	prest town)
	. NAME OF HOSPIT	AL OR INSTITUTION (If not	in hospitol, g	ive street oddress)		d. STREET ADDRESS			e. IS RESIDENCE
7	Veterar	ns Administr	ation	Hospital		5403 North	Ave & Jackson	St.	ON A FARM? YES NO
1	NAME OF DECEASED Type or print)	Firs EDWARD	ı	Middle EWING		Lost STEWART	4. DATE Month OF DEATH Februar		2 19 67
S. 5	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEA	
	Male	White	WIDOWED	DIVORCED	ZX.	9/19/19	4 dest birthdoy) yrs.	Months Doy	ys Hours Min.
10o. duri	USUAL OCCUPATION	(Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County Easton, M	& Stote, or foreign country) aryland	12. CITIZEN COUNTS	OF WHAT
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME		
	Je	mes Stewart		Principles		Joseph	ine Ewing		
IS. (Ye	WAS DECEASED EVE s, no, or unknown) (@S	R IN U.S. ARMED FORCES? (If yes give war or dotes of WW II	service) 16. S	SOCIAL SECURITY NO.		nformant nical Rcds.	Address VA Hospital, F		rd, Md.
		e couse (o), DUE T	CIRI	(o), (b), ond (c).) RHOSIS OF	LIVE	3			INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
ATION		GNIFICANT CONDITIONS COLLATERAL LOBA			ATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)		19. WAS AUTOPSY PERFORMED? YES A NO
CERTIFICATION		UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR				Port I or Port II of item 18.)	7. 1	
MEDICAL	20c. TIME OF INJU Hour o.n	10	20d. IN While of work	Not While		E OF INJURY (Home, form, ry, street, office bldg., etc.)	, 20f. (City or town)	(County)	(Stote)
	21. I certification	fy that ()≰ (this hasp eceased alive anF	ital) attend 'eb. 22	led the deceased	fram ind that	Feb. 14 19 death accurred at_	9 67 ta Feb. 22 10:59M, fram causes ar	, 19 <u>67,</u> nd an the d	that (1) (we) las late stated abave
	220. SIGNATURE	10. Jan	best	,	M.D	. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE S	^{IGNED} 2/23/67
	22c. PHYSICIAN'S CHAME (Type)			r, M. D.			al, Fort Howard	i, Md.	
I	BURIAL, CREMATIC	2/25/1	EOF 967	23c MAME OF CEME	24	ill	6 as fra	me	A
	FUNERAL DIRECTO			ADDRESS TE	astor			STRAR'S SIGNA	TURE
NE	WNAMA Fur	neral Home				DATFEE	3 2 7 1967	ravely	Judga

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, or removal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

SCHOOL OF SECTION HOUSESTONED THE SECTION SON TO The first of the f much in the Barry M. D. and a Me Lord of a Corb Classical and ENGLISHED TO A THE TRANSPORT OF THE PROPERTY O 4 6

AND THE RESERVE THE PROPERTY OF

HEALTH

DEPT. 5 may be retained far your files. Health prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examinary Office along with farm PM3. Page ny delay is TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

00

MARYLAND STATE DEPARTMENT OF HEALTH

301 DIVISION OF VITAL RECORDS, STREET, BALTIMORE, MARYLAND 21201 PRESTON

	01963 Trems o',	MEDICAL EXAMINER'S	CERTIFICATE C	OF DEATH	01959
1.	PLACE OF DEATH				tion: Residence befare odmission)
	Baltimore	MARYLAND	Maryland	b. COU	altimore
-	h CITY OR TOWN (If outside corporate limits	I c. LENGTH OF STAY IN 1b		utside corporate limits, write RU	
	write RURAL and give nearest tawn)	2 YRS			total give needed town,
	Perry Hall		Perry Ha	all	03.1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	spitol, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	4006 Pinedale Driv	е	4006 Pi	nedale Drive	
3.	NAME OF First	Middle	Lost	4. DATE Mon	th Doy Year
	OFFICE ASED (Type or print) Edmund Sylv	ester Stillmo	ck	DEATH Feb.	7. 1967
S.	SEX 6. COLOR OR RACE 7. MAI			and 9 AGF (In vents	IF UNDER TYEAR IF UNDER 24 HRS.
M:	ale Caucasian WIDO	OWED DIVORCED	Feb. 10.//	(delibration)	Months Doys Hours Min.
	are padoabran	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Stote		I 12 CITIZEN OF WHAT
dur	ing most of working life, even if retired)	INDUSTRY			COUNTRY?
		Aberdeen Prov.	Gr. Omal		IUSA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN		
	Martin Stillmock		Barbar		
	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of service		INFORMANT	400	6 Pinedale Dr.
	Yes WW11 - 1958		inifred N.	Stillmock	o I Inoualo Di
	IB. CAUSE OF DEATH (Enter only one couse per l		0		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Keen ma tu	Cardi, va	scular Dise	CONSET AND TEATH
	416 X DUE TO				
	Conditions if you which your b				
	rise to immediate couse (a)				
5	stoting the underlying couse DUE TO				
	last. (c)				
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBL	JTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
4TIO					YES NO
IFIC	20o. EXTERNAL CAUSE WAS	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port 1 or Port II of item 1B.)	
CERTIFICATION	PRIMARY or CONTRIBUTING CAUSE OF DEATH.				
B		20d INJURY OCCURRED 20e PLA	CE OF INJURY (Home, farm	n. 20f. (City or town)	(County) (Stote)
MEDICAL	Hour a.m.	While Not While fac	tory, street, office bldg., etc.		(2000)
-		ot work U ot work U			
1	21. I certify that I taak charge af th	ne remains described abave, he	eld an Autapsy,	Inspection , Inq	uiry [], and in my apinia
	death resulted fram: Natural caus	es , Accident , Suid	ide 🔲, Hamicide	Undetermined m	nanner
			CHIEF MEDICAL		7 17
	SIGNATURE COLOR	, posce			7 - 6 / 22. DATE SIGNED
	EXAMINER'S	0	DEPUTY MEDIC	AL EXAMINER X 7527	Belair Rd.
	NAME (Type) Jøhn C. Hyle	M.D.	Address (Stree	t, city, town, or county) \bigcirc $ abla \in$	erlea 2/7/67
230	BURIAL, CREMATION 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or To	own) (County) (Stote)
	Burial Feb. 10.	67 Baltimore N	etionel de	em. Catonsvi	170 WA
2	4. FUNERAL DIRECTOR	ADDRESS	2So. REC	D BY REGISTRAR 25b. R	EGISTRAR'S SIGNATURE

Brothers Inc. 7110 Belair Rd.

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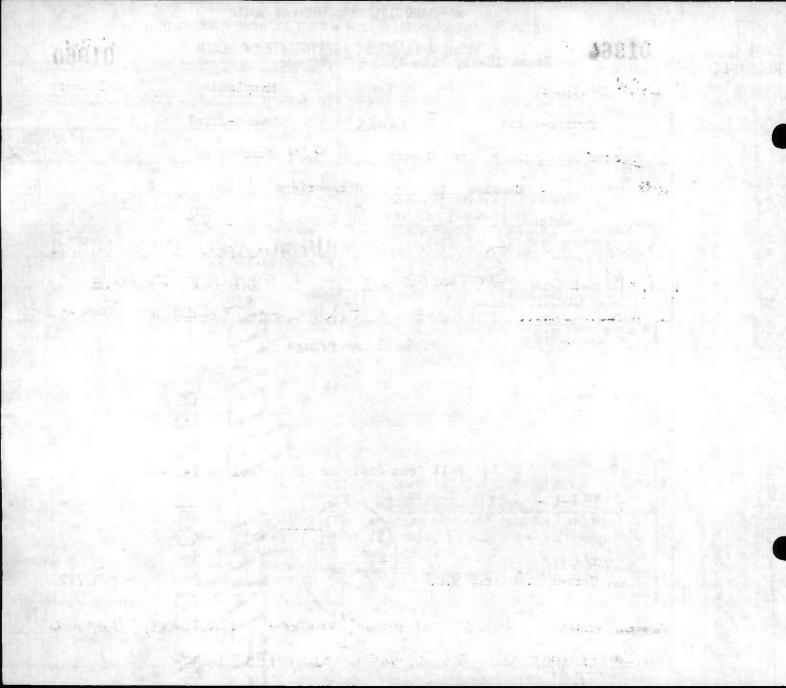
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. H. S. S. LYE M. T. B. L. P.

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oters brothers Inc. . The Salata take.

	VITAL RECORDS, 301 W. PRESTO			
01964 Thomas	MEDICAL EXAMINER'S 8-21, Film 0388-5/1	6 169		01960
1. PLACE OF DEATH o. COUNTY	**************************************	2. USUAL RESIDENCE (Wh	ere deceased lived, if institu	ution: Residence before admission)
Baltimore	MARYLAND	Mary	land	Baltimore V
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Towson-rural d. NAME OF HOSPITAL OR INSTITUTION (If not in Greater Baltimore Management) 3. NAME OF First	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autsi	de carparate limits, write R	URAL and give neorest town)
Towson-rural	3 YEARS		n-rural	63-1
d. NAME OF HOSPITAL OR INSTITUTION (If nat in	n hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Greater Baltimore M		11 12 1	bit Rd	YES NO
3. NAME OF First	Middle		OF	inth Day Year
(Type or print) Char S. SEX 6. COLOR OR RACE 7		cawbridge B. DATE OF BIRTH	DEATH 2 9. AGE (In years	2 18 19 67 I I F UNDER 1 YEAR IF UNDER 24 HI
	MARRIED NEVER MARRIED WIDOWED DIVORCED	T 10 10	last birthday)	Manths Days Haurs Mil
male white 10a. USUAL OCCUPATION (Give kind of work dane	10b. KIND OF BUSINESS OR	JUNE 29, 190	foreign (quntry)	12. CITIZEN OF WHAT
during most of working life, even if retired) NEVER EMPLOYE	INDUSTRY Wone	MASHINI	TONI D.	COUNTRY?
13. FATHER'S NAME	D	14. MOTHER'S MAIDEN NA	ME	J. Olock
F NEUSON &	TRAW BRIDGE	CONST	ANCE B	DWIF
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT		dress
(Yes, no or unknawn) (If yes give war or dates af si	NONE F.	NEILSON &	STRAWBRIDE	E SAME AS 2-D
18. CAUSE OF DEATH (Enter only one cause				INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a)	Subdural hem	orrhage		OHSET AND DEATH
Conditions, if ony, which gave				
rise ta immediate couse (o),				
stating the underlying cause (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDI	ITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
200. EXTERNAL CAUSE WAS PRIMARY ID OF CONTRIBUTING CAUSE OF DEATH				AEZ X NO
ZOg. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING □	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Pa	rt I ar Part II af item IB.)	
CAUSE OF DEATH.	Fell from chair		The state of the s	7
20c. TIME OF INJURY Manth, Day, Year Haur 200. 2-12-	Land Date of Land	CE OF INJURY (Home, farm, tary, street, office bldg., etc.)	20f. (City ar tawn)	(Caunty) (State)
p.m. 17	at work at wark	Home	Baltimore	Baltimore Mo
	of the remains described above, he			quiry, and in my apin
death resulted fram: Natural	causes Accident X, Suic	cide, Hamicide _ CHIEF MEDICAL EX	, Undetermined	manner
ACTUAL Merney /				22. DATE SIGN
SIGNATURE!	tz/ M.D.	M.D. ASSISTANT MEDICAL		2/19/67
EXAMINER'S Werner U. Spi			city, town, or county)	2/25/01
23a. BURIAL, CREMATION, 23b. DATE THERE	. 10		23d LOCATION (City or 1	Town) (County) (Stote)
	20-69 CREENMOUNT		DALTMORE	MARYLAND
24. FUNERAL DIRECTOR	1050 YORK ROK	25a. REC'D E	BY REGISTRAR 2Sb.	REGISTRAR'S SIGNATURE



TAPT ADDRESSHUME TAL HOMES. REC'D BY REGISTRAR | 25b.

DATE

Aberdeen. Md.

VR AI5 (4) 20M 1/65 FUNERAL DIRECTOR

20016 : The com-- present to be a true with the contract of Line and Address of the Control of t The state of the s TOTAL AND ACT OF THE COM

1		DIVISION				RTMENT OF HEAN STREET, BALTIMO		YLAND 21201				
1	01966	S		CERTIFI	CATE	OF DEATH			01	962	3	
	PLACE OF DEATH o. COUNTY Baltimo	re		MARYL		2. USUAL RESIDENCE (W o. STATE Maryland		b. cou Ba.	tion: Resider	nce befo	re odmissio	n)
	b. CITY OR TOWN (write RURAL on Catonsvi	(If outside corporate limit d give neorest town) 11e	5,	c. LENGTH OF STAY IN	l lb	c. CITY OF TOWN (If out		te limits, write RL	JRAL ond giv		st town)	
		TAL OR INSTITUTION (If no		give street address)		d. STREET ADDRESS 6010 Moorehead Rd.				e. IS RESIDENCE ON A FARM? YES NO		
	NAME OF DECEASED (Type or print)	Willis	rst a.m.	Middle T.	St	lost trehlau	4. DATE OF DEATH	Feb.	oth 6	Doy	Yeo 167	
S.	SEX M	6. COLOR OR RACE Wh	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		7-12-94	9	AGE (In years last birthdoy) Yrs.	IF UNDER Months	1 YEAR Doys	Hours	Min.
		N (Give kind of work done life, even if retired) ed		IND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (County & Marylan		reign country)	12. CI	TIZEN O	F WHAT	
13.	FATHER'S NAME	Frederick S	trehla	u		14. MOTHER'S MAIDEN N Nellie	Saun	er				
1S (Y	WAS DECEASED EVE es, no or unknown)	ER IN U.S. ARMED FORCES? (If yes give wor or dotes o	of service) 16.	social security no. 5-03-4799A	17.	FORMANI TS. Wm. T. OLO Moorehe	Streh ad Rd	lau Addi	ress			Z
		DUE y, which gove)	(o) <u>Hyp</u> 10 (b)			o-vascular				01	IERVAL BETV ISET AND DI ICTIONIO	EATH
	stoting the unde	erlying couse	(c)									
CATION	PART II. OTHER S	IGNIFICANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT NOT RELA	ATED TO TI	HE TERMINAL DISEASE CON	DITION GIVE	N IN PART 1(a)			WAS AUTO PERFORME 'ES	PSY ED? NO
L CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. Di	SCRIBE HOW INJURY OC	CURRED. (I	Enter noture of injury in F	ort I or Por	t II of item 18.)				
MEDICAL	Hour 'o.	URY Month, Doy, Yeor m. 19	20d. I While ot wor	Not While		E OF INJURY (Home, farm, ry, street, office bldg., etc.)		(City or town)	(Co	ounty)	(!	Stote)
		ify that (I) (this has			fram nd that	Jan.4 , 19 death accurred at 4	9 <u>67</u> , t 1:10AN	a <u>Feb.6</u> I, fram causes	and an t	he dat	te stated	abav
Í	220. SIGNATURE	The	1	Bon	KM.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		ATE SIGN		

Gaver, M. D.

New ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Cathedral

22d. ADDRESS 1 Mallow

Cem.

Hill Rd.

250. REC'D BY REGISTRAR
DATFEB 8 1967

23d. LOCATION (City or Town)

(County)

Baltimore, Md.

EAR J 25b. REGISTRAR'S SIGNATURE

(Stote)

TO FUNERAL DIRECTOR: After this certificate has been signed by the artending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

22c. PHYSICIAN'S NAME (Type)

BURIAL, CREMATION, REMOVAL (Specify) Burial

230.

23b. DATE THEREOF

2-9-67

24. FUNERAL DIRECTOR ADDRESS Witzke F.D.-4101 Edmondson Ave.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	01967			CERTIFIC	ATE OF	DEATH			019	63		
1	o. COUNTY Bal	timore		MARYLAN		AL RESIDENCE (V	Where decea	sed lived, if institut b. COUI		nce befor	e admissi	on)
	b. CITY OR TOWN (write RURAL on	If outside corporate limit aive nearest town)	ts,	c. LENGTH OF STAY IN 1				ote limits, write RUI	RAL and giv	e neares	1 town)	
8		at or institution (if no Joseph Ho		ive street oddress)		ET ADDRESS +304 Wil	llshir	e Ave.			e. IS RESII ON A F. YES	
3	NAME OF DECEASED (Type or print)	F Agne	irst S	Middle Madeline	St	lost rocker	4. DATE OF DEATH	Mont Februar		Day		67
S	SEX Female	6. COLOR OR RACE white		NEVER MARRIED [DIVORCED [8. DATE (F BIRTH		AGE (In years 6 pst birthdoy) yrs.	IF UNDER Months	1 YEAR Days	Haurs	
li d	0a. USUAL OCCUPATION luring most of working HOMEMA	N (Give kind of work done life, even if retired)	e 10b. Kil	ND OF BUSINESS OR DUSTRY Housewife	11. BIF	THPLACE (County Baltimo)		reign country)	12. CI	TIZEN OF DUNTRY?	S.A.	
	3. FATHER'S NAME	William N	Wilmer	Linzey	14. MC	THER'S MAIDEN I	NAME	Angel				
	(Yes, no. or unknown)	R IN U.S. ARMED FORCES? (If yes give war or dotes	of service)	social security no. 12-14-9320	Mr He		ocker	4304 Wil			enue ERVAL BEI	
		, which gove) e cause (a), ((a) Car	rcinom ato sis			oreast			ON	SET AND D	DEATH
ATION	PART II. OTHER SI			O DEATH BUT NOT RELATE Mellitus	D TO THE TERM	NAL DISEASE CON	NDITION GIVE	EN IN PART 1(a)			WAS AUT PERFORM ES	OPSY NED? NO [
CEPTIELCATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY OCCU	RRED. (Enter no	ure of injury in	Part I ar Pai	rt 11 af item 18.)				
MEDICAL	DI	m 19	While	Nat While	foctory, street	JRY (Hame, farm , office bldg., etc.)		(City ar tawn)		unty)		(State)
	saw the d	eceased ally on _	eb. /	ded the deceased from 1967, and	M.D. PHY	NDING	9.57 8.55 M MED. DIRECTOR	Teb • My fram causes STAFF PHYS. □	and an 1	he dat	_	we) la: d abav
1	22c. PHYSICIAN'S NAME (Type						ck Rd.	Baltimo	re, M	d.	2120)4
2	3a. BURIAL, CREMATION REMOVAL (Specify Burial			23c. NAME OF CEMETER		7	Bal	CATION (City or To	Co		Md	Stote)
	24. FUNERAL DIRECTO		2) (ADDRESS	36	2Sa. REC'I	BY REGISTI	RAR 25b. R	GISTRAR'S			LE.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 ang 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removat, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Poge 4 may be retained by the hospitol or ottending physicion.

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	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICA	L RESEARCH AND RECORDS, 301 W. PRESTON STREET,	BALTIMORE 1, MARYLAND
	CERTIFICATE OF DEATH	01004

DIVORCED March 27 1887 79 yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 13. FATHER'S NAME John Przyborowski 14. MOTHER'S MAIDEN NAME John Przyborowski 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	
b. CITY OR TOWN (if outside corporate limits, particularly cated systems of the particular corporate limits, c. LENGTH OF STAY IN 1b Owings Mill G. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest to particularly cated systems of the particular cated systems of the particular cated systems of the particular cated systems of working life, even if retired) D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest to put in the particular cated systems of working life, even if retired) D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest to put in the particular cated systems of working life, even if retired) D. STREET ADDRESS 111 Gwynnbrook Avenue 12 Day Year Open First Maryanna D. SZymborski D. B. DATE OF BIRTH D. AGE (in years if funder 1 year if under 1 year if under 1 year if under 2 year if under 1 year if u	ssion)
Ingelside & Edmondson Ive 111 Gwynnbrook Avenue 128	own)
Ingelside & Edmondson Ive Ingelside Month	ENCE
DECEASED OF DEATH February 19 1967	
Female White WIDOWED DIVORCED March 27 1887 79 yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY Poland 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Poland 13. FATHER'S NAME John Przyborowski 14. MOTHER'S MAIDEN NAME Anna UNK 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, 10), or unkown) (Ifyes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: INDUSTRY POLAND 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S. A Anna UNK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT Address 218-10-3027B Marie Urbanski 31 N Montford Avenue INTERVAL BETW ONSET AND DEVICE OF THE COUNTRY? INTERVAL BETW ONSET AND DEVICE OF THE COUNTRY OF THE COUNTRY? INTERVAL BETW ONSET AND DEVICE OF THE COUNTRY OF THE C	,
10a, USUAL OCCUPATION (Glyc kind of work done during most of working life, even if retired) 10a, USUAL OCCUPATION (Glyc kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR INDUSTRY Poland 11. BIRTHPLACE (County & State, or foreign country) Poland 13. FATHER'S NAME John Przyborowski 14. MOTHER'S MAIDEN NAME Anna UNK 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, 10c, or unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: INTERVAL BETWONSET AND DEVICE TO THE PROPERTY OF THE PROPERTY ON SET AND DEVICE TO THE PROPERTY OF THE PROPERTY ON SET AND DEVICE TO THE PROPERTY OF THE PROPER	
during most of working life, even if retired) HOUSEWIFE 13. FATHER'S NAME John Przyborowski 14. MOTHER'S MAIDEN NAME Anna UNK 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, Mo. or unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	Min.
John Przyborowski 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, 100, or unkown) (If yes give war or dates of service) 218-10-3027B Marie Urbanski 31 N Montford Avenue 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unkown) (Ifyes give war or dates of service) 218-10-3027B Marie Urbanski 31 N Montford Avenue 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	
(Yes no or unkown) (If yes give war or dates of service) 218-10-3027B Marie Urbanski 31 N Montford Avenue 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH CONTRACTOR OF THE PROPERTY OF THE PRO	
PART I. DEATH WAS CAUSED BY:	
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. IMMEDIATE CAUSE (a) DUE TO (b) POUND: POUN	ATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORME YES NO 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Not While at work at work at work	te)
21. I certify that (I) (this hospital) attended the deceased from 1976, to 2/19, 1967, that (I) (we) saw the deceased alive on 2/19 1967, and that death occurred at M, from the causes and on the date stated at	
22a. SIGNATURE M.D. ATTENDING MED. DIRECTOR PHYS. 2/20/67 22c. PHYSICHARYS 2/20/67	
NAME (Type) JOHN SHAW 5800 ELNONDSON AVE	
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Feb 22, 1967 Holy Rosary Cemetery German Hill Road Md	e)
The Dippel Brothers Inc 1800 E Lombard Street DATE FEB 2 3 1967 MCMarles Judges	

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MANILA	ID SIMIL DELAKIMENT	OI IILALIII	
DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET,	BALTIMORE, MARYLAND	2120

01969

CERTIFICATE OF DEATH

01965

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence	hafara admission)		
COUNTY	perore odulission)		
O. COUNTY BALTIMORE MARYLAND 6. COUNTY CALL	impre Co.		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) can be compared to the corporate limits, write RURAL and give negres (awn)	earest town)		
FORT HOWARD 5 DAYS BALTIMORE	03-1		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?		
VETERANS ADMINISTRATION HOSPITAL 1816 SUTTON AVENUE	YES NO NO		
3. NAME OF First Middle Lost 4. DATE Month DECEASED OF FIRST WATTER TAVENNER OF FEBRUARY	Doy Year 13 10 67		
(Type of print)	- 1/		
lost birthdoy) Months D	Poys Hours Min.		
MALE WILLIAM	EN OF WHAT		
during most of working life, even if retired) INDUSTRY	TRY? A.		
WEIDER RAILROAD DELAPIANE, VIRGINIA O. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME			
THE TALESTA DADART T			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address			
(Yes, no, or unknown) (If yes give wor or dotes of service) YES WW I 705 07 63 75 CLIN. REC. VA HOSPITAL, FT HOWARD	, MD.		
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),)	INTERVAL BETWEEN		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PULMONARY INFARCTION	RECENTATH		
4/201 DUE TO			
Conditions, if ony, which gove (b) INFECTED CARDIAC ANEURYSM	WEEKS		
stoting the underlying couse DUE 10			
lost. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?		
ARTERIOSCLEROTIC HEART DISEASE, YEARS 200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	YES NO		
E 206. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)			
	(54-4-)		
Hour o.m. While Not While fortory street office bldg, etc.)	(Stote)		
p.m. 17 of work La of work La	, that (f) (we) las		
21. I certify that *) (this haspital) attended the deceased from 2/8/67, 19 ta 2/13/67, 19 saw the deceased alive on 2/13/67 19 , and the decay death accurred of 5:10AM, from causes and an the	date stated above		
220 SIGNATURE 22b DATE	SIGNED		
ATYPING MED. STAFF 2/	13/67		
22c. PHYSICIAN'S NAME (Type) SHELDON E. KALMUTZ, M. D. 22d. ADDRESS VAH FORT HOWARD, MARYLAND			
The Difference and an arms of the second			
REMOVAL (Specify)	ounty) (Stote)		
BURTAL 2=10=0/ BALLIMORE NATIONAL BALLIMORE, FAMIL			
	les Quese		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral, director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01970 CERTIFICATE OF DEATH

01966

1. PLACE OF DEATH				2 IISHAL RESIDE	NCE (Where decer	sed lived, if institu	ition: Residence	hefore admiss	sign) /
a. COUNTY				g STATE		b. COL			7
L CITY OF TOWN	BALTIMORE		MARYLA		MARYLAND				-
	(If autside carparate limit nd give nearest tawn)	s,	c. LENGTH OF STAY IN	c. CITY OR TOWN	,	rate limits, write RI	UKAL and give	nearest tawn)	
FORT H		5 A 10	78 DAYS		BALTIMO	RE		30-4	
	ITAL OR INSTITUTION (If n	at in haspital, gi	ive street address)	d. STREET ADDRE	SS			e. IS RES	FARM?
VETERAN	S ADMINISTRA	ATION HO	OSPITAL	3 E.	North A	venue			NO D
3. NAME OF	F	irst	Middle	Last	4. DATE	Mor	nth	Day Y	'ear
(Type or print)	WI	LLIAM	В.	TAYLOR	OF DEATH	<u>जिल</u>	BRUARY	2 19	67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	IF UNDER 1		ER 24 HRS.
MALE	WHITE	WIDOWED	DIVORCED	JUNE 6.	1898	last birthday)	Manths	Days Haurs	Min.
IOO. USUAL OCCUPATION	N (Give kind af wark dane	10b. KIN	ND OF BUSINESS OR		County & State, or f	areign country)	12. CITIZ	ZEN OF WHAT	
during mast af warkir	g life, even if retired)	1 100	JUSTRY SHOP		A, KENTU		CQU	NIRY? S.A.	
PLUMBE: 13. FATHER'S NAME	N.	PLA	JUDITING DUCK	14. MOTHER'S MA		OIFT	1 0.	- TA	
	THE THE STATE OF			The morner of the		ENTER A TEXA	D		
	NK TAYLOR	114 6	OCIAL SECURITY NO.	17. INFORMANT	MARGAR	ET WEAVE	ress		
(Yes, na, ar unknawn	/ER IN U.S. ARMED FORCES?) (If yes give war ar dates	af service)							
YES	WW I		19 07 34 10	CLIN. RECO	RDS, VA	HOSPITAL	, FT HC		
18. CAUSE OF	DEATH (Enter anly one ca	use per line far I	(a), (b), and (c).)				A DITTO	ONSET AND	
	ATH WAS CAUSED BY: IMMEDIATE CAUSE			CINOMA OF RI	GHT KIDN	EY, LIVE	R AND	ONSET AND	DEATH
163	X 30M	XX PANC	REAS						
Conditions, if or	y, which gave)	the CAR	CINOMA OF I	IING					
rise to immedi	nie conze (a), (
last.	leriying cause	(c)					100		
PART II OTHER	SIGNIFICANT CONDITIONS	ONTRIBUTING TO	O DEATH BUT NOT PELAT	ED TO THE TERMINAL DISEA	VID MOLTIDAD 32	(FN IN PART 1(a)		19. WAS AU	TOPSY
5	SIGNIFICANT CONDITIONS	CONTRIDOTINO	O DEATH DOT NOT KEEPIN	ED TO THE TERMINAL DISE	or companion on	the first Aller 1(a)		PERFORI	MED?
<u> </u>	HE HADESTAND FO	I not pro	COURT HOW WHILE ACC	IDDED (F-1				YES X	NO [
OR CONTRIBUTION	AS UNDERLYING G CAUSE OF DEATH	205. DES	PCKIRE HOW INJURY OCCU	JRRED. (Enter nature of inj	ury in Part I ar Pa	in ii at item 18.)			
(IF EITHER, NOTII	Y MEDICAL EXAMINER)			A DIACE OF WHIRE		461	15	. 1	(6
200. ACCIDENT WORK ON CONTRIBUTING (IF EITHER, NOTIL) 20c. TIME OF IN Hour of	JURY Manth, Day, Year i.m.	20d. IN While		Oe. PLACE OF INJURY (Ham factory, street, affice bld		(City or town)	(Cour	ту)	(State)
	o.m. 19	at wark	at wark						
21. I cer	tify that (1) (this ha	spital) attend	led the deceased fr	am_11/16/66		to 2/2/6	7, 19	, that 30%	(we) las
saw the	deceased alive on_	2/2/6	719, an	d that death accurre	ed at 8:35	Mram causes	and an the		ed abav
22a. SIGNATUR				ATTENDING	MED.	STAFF r		TE SIGNED	
()	19. 1 6	1 dynt		M.D. PHYS.	DIRECTOR	PHYS.	\mathbb{Z} \mathbb{Z}	/2/67	
22c. PHYSICIAN	'S TOTAL	MAT DEPOS) M D	22d. ADDRES					- 1-
NAME (Typ	oe) JOHN D.	TALBERT	, M. D.	VA	H FORT H	OWARD, M	ARYLAN	D	1-1-1
3a. BURIAL, CREMA	ION, 23b. DATE TH	IEREOF	23c. NAME OF CEMETE	RY OR CREMATORY	23d. L	OCATION (City or T	awn) (Caunty)	(State)
REMOVAL (Speci	fy) 2/1/,	7	TOTTOPN I	PARK NATIONA	T TO A	LTIMORE.	MARVI	ANTO	
24. FUNERAL DIRECT			ADDRESS		REC'D BY REGIS		REGISTRAR'S SIG		
Jasens	11	126		ZANNINO FUNE			0.0	learles	0
			0 400 22 20 214 2	THE TANKS		E3 / 1 dit 21	- 111		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban popers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, cremation, ar removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

OR STATE		01971	MEDIC	AL EXAMINER'S	CERTIFICATE (OF DEATH	11967	
ALTH DEPT.		COLUMN				h		before admission)
Page Page ent of leoth.		Baltimore		MARYLAND	d. SIAIL	Md.	Bal	to.
and 3 1 M3. Pag rtment (er deotl		b. CITY OR TOWN (If outside corporate lin	nits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corparate limits, write	RURAL and give no	earest town)
PM3. PM3. ortme		Reisterstown			Reiste	rstown	0	3-1
n epe	-	d. NAME OF HOSPITAL OR INSTITUTION (IF	nat in hospitol, give	e street address)	d. STREET ADDRESS			e. IS RESIDENCE
with form with form ne State De		Box 86 Dover Road			Box 8	Dover Road		YES NO
olang with for with the State within 72 hau			First	Middle	Lost	4. DATE	Month	Day Year
with the within 7		DECEASED (Type or print) Geo	rge	Α.	Towsend	OF Feb:	ruary 2	22. 19 67
- 1	5. 5		T	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year	IF UNDER 1 YE	EAR IF UNDER 24 HRS.
2 5		Male White	WIDOWED	DIVORCED	Oct. 8. 78	397 last birthda		ays Hours Min.
ven	10a.	. USUAL OCCUPATION (Give kind of work do	ne 10b. KIND	OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZE	
	Re	ng most of working life, even it retired). Stired From Baltim	ore Gas	Ele b tric Co	Baltimo	re City	COUNT	RY A
on						V		
d is		John M. Towsend			Mar	v E. Belt		
	15.	WAS DECEASED EVED IN HIS ADMED ENDICE	S? 16. SO	CIAL SECURITY NO. 17.			ddress	
PACK OF DEATH Baltimore	re. Md.							
		18. CAUSE OF DEATH (Enter only one					1	INTERVAL BETWEEN
nsiț		PART I. DEATH WAS CAUSED BY:	Comor		iency			ONSET AND DEATH
rrial-transit permit.		1/00/	- (-)					
uria otic			(b)					
a b			UE TO					
as -,			(c)					V. A. C. A. S.
sed	2	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	
	ATIO	Hypertensive C.	·V Diseas	e w/ Mitral N	furmur; Pras	tatic Hypert	rophy	
	FE		20b. DESCR	IBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Part II of item 18)	
pri		CAUSE OF DEATH. none						
2 .	DICA	20c. TIME OF INJURY Month, Day, Year					(County	y) (State)
, 0	ME		9 While at work	Not While of work	fory, street, office bldg., etc.)		
R: Page ted oge		21. I certify that I taak cha			eld an Autopsy .	Inspection X.	nauiry 🖼	and in my opinion
TOR: F			-					
REC			/					
L D			alis		M.D. ASSISTANT MED	DICAL EXAMINER		22. DATE SIGNED
RAI		EXAMINER'S						23-67
1 = 2		NAME (Type) D. D. Cap I						
Heo	230.	DEMOVAL (Craciful					, , , , , , , , , , , , , , , , , , , ,	iunty) (State)
			/67					
F (5)			Dasaber					
1 /66		. F. Eline & Sons	neistei	Soown, Ma.	DATE	ED 9 7 4007	m.	10 O 100

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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH DE y delay is

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with Me State Denortment of

This certificate shauld be executed within 24 haurs after death. If

TO DEPUTY MEDICAL EXAMINER:

01	973	M	EDICAL EXAMINER'S	CERTIFICATE OF	DEATH	01969		
1. PLACE O						on: Residence before admission)		
o. COUN	Baltimor	e	MARYLAND	o. STATE Maryla:	nd , b. COUNT	Baltimore		
	R TOWN (If outside corpo RURAL and give nearest		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside	carparate limits, write RUR	AL and give nearest tawn)		
Wille	RURAL- R	OSEDALE	157KS	Kunal.	RoseOALE	03-1		
d. NAME	OF HOSPITAL OR INSTITUT	TON (If not in haspit	al, give street address)	d. STREET ADDRESS	Bal	to. 6 e. IS RESIDENCE ON A FARM?		
	613 Pata	psco Aven	ue	613 Pa	tapsco Avenu	e YES NO		
3. NAME O		First	Middle		DATE Month OF			
(Type or	print)	AVIS	ELIZABETH	TROVINGER	DEATH Febru			
S. SEX	6. COLOR OR		4	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Haurs Min.		
Fema				Dec. 27, 1916	50 yrs.	1 10 (17/75)) OF 19/147		
	OCCUPATION (Give kind of vortice) of working life, even if retired		o. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fa		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER	+ousewite			Morety Car	colluc	USA.		
13. FAIRER		n S. He	1.4.6		11.			
IS WAS DE	CEASED EVER IN U.S. ARMED			INFORMANT	Harweep	S C		
(Yes, no pri	unknown) (If yes give wo	d-A d M		1 1 -		Plan		
	USE OF DEATH (Enter an			Maries L. Theo	inger 613	INTERVAL BETWEEN		
P P				Aneuryem		ONSET AND DEATH		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Ruptured Cerebral Aneurysm Due to							
	ons, if ony, which gave	(b)				THE WATER		
	rise to immediate cause (a). Stating the underlying cause DUE TO							
last.		(c)						
PART II	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
PRIMA	XTERNAL CAUSE WAS RY	20b	. DESCRIBE HOW INJURY OCCURRED). (Enter nature of injury in Part I	or Part II of item 18.)			
20c. TI	ME OF INJURY Manth, Do Hour a.m. p.m.	, W		ACE OF INJURY (Hame, farm, ictary, street, office bldg., etc.)	20f. (City ar tawn)	(County) (State)		
21.	21. I certify that I taak charge of the remains described above, held an Autapsy 🕱 , Inspection 🔝 , Inquiry 🗀 , and in my apinion							
dec	ith resulted fram	Natural causes	x, Accident , Su	icide, Hamicide	, Undetermined mo	inner 🗌		
ACTUA	1/1	D 1		CHIEF MEDICAL EXAM		22. DATE SIGNED		
SIGNA		JUV	where	M.D. ASSISTANT MEDICAL		ZZ. DATE SIGNED		
EXAMI NAME	NER'S Rudig	er Breite	necker, M	DEPUTY MFDICAL EXA Address (Street, city,		2/15/67		
		DATE THEREOF	23c. NAME OF CEMETERY O	- 11 /	23d. LOCATION (City or Tow			
BUR	AL DIRECTOR	118/67	ADDRESS A	250. REC'D BY	PEGISTRAR 25h REG	GISTRAR'S SIGNATURE		
	POL	ch 1211	Chesia Au			Marley Judge		

01973 - Mark Mark White State of the State o view on the RM man that have been both as a first

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

2 furreral 1 and 2 er death. and campletely filled in by the fur removestration papers. Pages/1 n day event, within 72 haurs affer in day pup physician a en please and permit. crematian, 0 priar ta SD ad far use af Health use Dept. be de State l

death certificate be executed within 24 haurs after death.

attending physic permit. Then ple an, ar removal, a the signed by the burial-transit p burial, cremati physician. attending has been r this certificate h detached far use Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After director, page 3 shauld shauld be filed with the

The law requires that

01974 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH Maryland b. COUNTY Raltimore MARYLAND C. LENGTH OF STAY IN 16 Baltimore 7mthshdys d STREET ADDRESS 11 North Bentalou St. HOSPITAL GROVE STATE Middle 4. DATE Manth First Last OF DEATH Luther Turner

o COUNTY b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Catonsville e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) SPRING YES NO 3. NAME OF Dov Year DECEASED 67 16 February 10 (Type or print) AGE (In years birthdoy) IF LINDER 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED Dec. 12, 1886 Days Hours Min male Negro WIDOWED DIVORCED 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired) INDUSTRY COUNTRY? Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Callie Alice 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, ng, or unknown) (If yes give war or dates of service) 228-10-9408 STATE HOSPITAL SPRING GROVE Records: INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a). DUF TO Arteriosclerosis, generalized and severe Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION Bilateral, suppurative otitis media YES [NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (State) Hour o.m. factory, street, affice bldg., etc.) Not While at work at work rbe. 16 1967, that (M (we) last 19 992010 21. I certify that (this haspital) attended the deceased fram_ July 12 Feb. 16 19 67, and that death accurred at ____M, fram causes and on the date stated abave. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED 2-17-67 Washeler M.D. DIRECTOR PHYS PHYS 22d. ADDRESS CROVE STATE 22c. PHYSICIAN'S NAME (Type) Stella Wachsler, M.D. 21228 Baltimore, Maryland 23o. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BEMOVAL (Specify) 2/19/67 Goochland Cemetry irginia 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS 2Sb. REGISTRAR'S SIGNATURE

North

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1967

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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4	D. COUNTY			MARYLAN	g. STA		here deceosed	l lived, if institu b. COU	non: Resider	before	odmissio	in)
	Baltimore b. CITY OR TOWN (If outside carparate lim	its.	c. LENGTH OF STAY IN 1		R TOWN (If outs	side carporote	limits, write RU	RAL ond giv	e neorest	town)	
1	write RURAL one	d give neorest town)	,			imore					121	,
		AL OR INSTITUTION (IF	nat in haspital.	rive street address)		ADDRESS	_			e.	IS RESID	DENCE
				,	7910	Highpo	int R	d.		V	ON A FA	ARM?
	NAME OF	oh Hospita	First	Middle		ost	4. DATE	Mon	th	Day	Yeo	
	DECEASED		Ethel	M	TYLE		OF DEATH	Febr		10.		67
5.	(Type or print)	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF		19.	AGE (In years	IF UNDER		IF UNDER	4
	Temale	W	WIDOWED			15, 18		lost birthday)	Manths	Doys	Haurs	Min.
		(Give kind of work dor		ND OF BUSINESS OR	11. BIRTI	HPLACE (County 8	State, ar fore	ign country)		TIZEN OF	WHAT	
	ng most of working Homemaker	life, even if retired)		DUSTRY	New	Jersey				OUNTRY?		
	FATHER'S NAME					HER'S MAIDEN NA	AME				-	
W	illiam	J. Hoppe	r		Lo	ouisa	Jam	es				
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES	? 16.	SOCIAL SECURITY NO.	17. INFORMAN			Addı	ess			-
(Ye	NO	(If yes give wor ar dote	s of service)	7-09-8196	Fami 1	V F00	on do					
H		EATH (Enter only one o	ause per line for	(o), (b), ond (c),)	Edill	y reco	21 05 −				RVAL BET	
		TH WAS CAUSED BY:	(erebro-vasc	ular acc	ident (most	probabl	У	ONS	ET AND D	EATH
	3 31	V	JE TO				Hemor		-			
	Canditions, if any		(b)					108				
	rise to immediat stoting the unde		JE TO									
Н	last.	riying couse	(c)									
	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELATE	D TO THE TERMIN	AL DISEASE COND	DITION GIVEN	IN PART 1(o)		19.	WAS AUTO	YSAC
MEDICAL CERTIFICATION	0.005	nary Edema										NO X
TFICA	20o. ACCIDENT WA	S UNDERLYING		SCRIBE HOW INJURY OCCU	RRED. (Enter notu	re of injury in P	ort I ar Port I	Il af item 18.)				
CERT		MEDICAL EXAMINER)										
SI	20c. TIME OF INJ	URY Month, Doy, Year	20d. I	NJURY OCCURRED 20	e. PLACE OF INJUR	RY (Hame, form,	20f.	(City or town)	(Co	unty)	((State)
MED	Hour o.i	14	While of wor	Not While	factory, street, o	office bldg., etc.)						
		11.	J UI WUI	ded the deceased fro	m 2/10/	19	967 to	2/10/	190	67, the	nt (X) (we) las
	saw the d	eceased alive an_	2/10/	19_67, and	that death	accurred at	3:30 M,	fram causes	and an 1	he date	stated	above
	220. SIGNATURE	A -		/ •	ATTEN	DINC	MED	CTAFF A		ATE SIGNE		
	40	el V. la	lent	ino	M.D. PHYS.		MED. DIRECT OR	☐ STAFF PHYS. ★] 2-	10-67	/	
	22c. PHYSICIAN'S NAME (Type	Joel V	Tolen	tino, M.D.		ADDRESS 520 York	e Rd	Towson	Md	27.20	Nι	1
230	BURIAL, CREMATIO			23c. NAME OF CEMETER			_	ATION (City or To		(County)	(5	itote)
			/0/	Balto Nat	cional	Cem	Bal		Md			
	FUNERAL DIRECTO		0000	ADDRESS	4.00		BY REGISTRA	1 4 196	EGISTRAR'S	Ligharuk	10.0	
	C.FEVAN	S & SON	0002 H	arford roa	a d	DATE		100	1	-	K Dan	Carried States

physician and campletely filled in by the funeral en please remave carban papers. Pages 1 and 2 Then please remave carban papers. Pages 1 and 2 emoval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the offend director, page 3 shauld be detached far use as the burial-transit pegmeshauld be filed with the State Dept. of Health prior to burial, cremation, are Page 4 may be retained by the haspital ar attending physician.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01976

CERTIFICATE OF DEATH

01972

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1. PLACE OF DEATH				ion: Residence before odmission))
o. COUNTY /5/11/7	MADVI AND	o. STATE	b. COUN	80170	
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b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	C. CITT OR TOWN (IT OUTSIG	le carporote limits, write RUF	tal and give nearest town)	
CATONSVILLE		MIDN	SUILLE	03-1	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, gr	ive street address)	d, STREET ADDRESS		e. IS RESIDEN	
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JUMMI CONU.	HOME	16 16 EM	120100 110		<u> П</u>
3. NAME OF First	Middle	Lost 4	. DATEMont	h Doy Year	
(Type or print) (TENEVIEWE	- L. 1/P	MAN	DEATH FEL	3, 27 196	7
S. SEX. 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24	4 HRS.
7		11/11/00	last birthdoy)	Months Doys Hours	Min.
7 WIDOWED	DIVORCED .	1/6/00	J6 yrs.		
	ND OF BUSINESS OR	11. BIRTHPLACE (County & S	tote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
during most of working life over if retired) INE	DUSTRY	not.		() S ()	
13. FAIHER'S NAME	110/1	14. MOTHER'S MAIDEN NAM	AF	1000	-
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TOHN D. UPMA	N	ELLEN.	14. FAI	LERSON	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17. 1	NFORMANT	Addre	ISS	
(Yes, no, or unknown) (If yes give wor or dates of service)	303 1885 1	AIII KAD	HLER		
		102/1/2	11261	INTERVAL BETWE	CEN
18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY:	(a), b), ond (c))	the state of the same		ONSET AND DEA	
IMMEDIATE CAUSE (o)	1 (125 mg/ 1	Uso Woo 212	1	111	1
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Conditions if any which gave	2 x 2 c cc	Thoi c Fire		- 4 m 21/	Ec
rise to immediate couse (a)	1 . 1.2	Auth	Entelman :		-
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last. (c)	9			1,0	-
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(o)	19. WAS AUTOPS	SY
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E 200. ACCIDENT WAS UNDERLYING ☐ 20b. DES	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Por	f For Port II of Item 18.)		
[(IF CITTLER, NOTIF) MEDICAL EXAMINER)					
		CE OF INJURY (Home, form,	20f. (City or town)	(County) (Sto	ote)
Haur o.m. 19 While		ory, street, office bldg (etc.)			
p.m. 17 of work		1/2///	7		
21. I certify that (I) (this haspital) attend	led the deceased fram_	131/0/19	, ta	, 19, that (I)_ (w	,
saw the deceased alive an 2/1	6/18/1, and tha	t death accurred at	M, fram causes	and an the date stated of	abav
22o. SIGNATURE	1011	67	21	22b. DATE SIGNED	1
MAKKEL	M.		ED. STAFF RECTOR PHYS.	1 2/28/	65
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22c. PHYSICIAN'S NAME (Type) 1/1 E/NG-V	all moto	1 7 1 5 L	VadIVIL	Rd 20	
Marie (1) PO F // O Y	CIN MIS	1/3031	10(101)1		
23o. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or To	wn) (County) (Stot	te)
REMOVAL (Specify)	Pnan-	201	73 n . ~~	11	'
SURIAL 3/2/6/	1000000 1+ED	NHL DE DECIDO	V DECISION DEL DE	711-	-
24. FUNERAL DIRECTOR	FREDERIC A	2So. REC'D 8		GISTRAR'S SIGNATURE	10
F. (MANNINDO DOI	TO VENERALLA	- TZ DATE MA	R 3 1967	Kings King	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after death Page 4 moy be retained by the hospitol or attending physician.

VR A15 (4)-20 M 1 46

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OCNERY BE TORSON

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death hours after death. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 1. PLACE OF DEATH a. CQUNTY a. STATE b. COUNTY Ballio by the f Pages 1 urs after md. MARYLAND c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b papers. Pag write RURAL and give nearest town) filled in e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? 53. NO completely for withi within Month NAME OF DATE Yeer 3. Middle DECEASED 1967 event, DEATH er (Type or print) Genevieve Feb executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 9. SEX 6. COLOR OR RAGE DATE OF BIRTH remove 7. MARRIED **NEVER MARRIED** iast birthday) | Months | Days Hours | in any and WIOOWEO DIVORCEO 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician lease and ir COUNTRY? during most of working life, even if retired) be INDUSTRY land U.S.A KTOUSE WILLE death certificate Q 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal. attending phermit. Then Mag Kne 4 U Or (0) a s been signed by the attend the burial-transit permit. ior to burial, cremation, or re 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to Immediate DUE TO cause (a), stating the as th underlying cause last. certificate has 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use PERFORMED? for use Health CERTIFICAT YES [NO [DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING [PHYSICIAN: After this certill be detached if State Dept, of of OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20d. INJURY OCCURRED TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be defiled with the State Hour a.m. While Not While Page 4 may be retained by OR ATTENDING at work at work 21. I certify that (I) (this hospital) attended the deceased from M. from the causes and on the date stated above. 19. and that death occurred at saw the deceased alive on 22b. OATE SIGNED 22a. SIGNATURE page rantes M.D. DIRECTOR PHYS PHYS. O FUNERAL director, pa PHYSICIAN'S 22d. ADDRESS should be NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b THEREOF DATE REMOVAL (Specify 2 REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) DATE 15M 4-64

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dead				f not in hos	pital, give street address)		T ADDRESS					FARM?
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our: ges Pa es 1	Housewife					,	ngland			USA		
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With with the liter	-	18. CAUSE OF D	EATH (Enter only one		ine for (a), (b), and (c).]	108 1	igon i	idEl	licott 0	ity, Md	TERVAL BET	WEEN
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ICA. Srded DIRECT esignate				, p			EF MEDICAL	EXAMINER				
20.8		ACTUAL SIGNATURE	8.8.6	ap	les	M.D. ASS	ISTANT ME	DICAL EXAMIN	IER	1	DATE SIG	NED
DEPU: should be for FUNERAL is ealth or its d		EXAMINER'S NAME (Type)			PLES			AL EXAMINER	7.50	2	-10	-167.
O DEP please 4 shoul O FUN Health	22a	BURIAL, CREMATIC	N. 226. DATE THERE		22c. NAME OF CEMETERY				TION (City, town	, or country)	(Stat	a)
0 g 4 0 g		REMOVAL (Specify) Burial	2-18-67	12 1	Mt. Olivet C	em.		Balt	imore, M	ld.		
VR A15ME	23	FUNERAL DIRECTO	D4101 Edr	nondea	ADDRESS		24a. RE	C'D BY REGIST	RAR 24b. REG	ISTRAR'S SIGNAT	URE	
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1. PLACE OF DEATS o. COUNTY B	altimore		MARYLAND	2. USUAL RESIDENCE (o. STATE Mary	Where deceased lived, if instituti b. COUN			
b. CITY OR TOWN	(If outside carparate limits,	c. LENGTI	H OF STAY IN 1b		utside carparate limits, write RUR			
write RURAL	and give neorest town) altimore 21	234	8 years	Balt.	imore 21234	-	2-1	
	PITAL OR INSTITUTION (If not			d. STREET ADDRESS	2.11020 11227		e. IS RESIDENCE ON A FARM?	
	idgely Oak	Road		8305 Ri	dgely Oak Ro	ad	YES NO	
3. NAME OF DECEASED	First	111111111111111111111111111111111111111	Middle	Last	4. DATE Month	h Day	Y Year	
(Type or print)	Berna	rd	G. von	Karstedt	DEATH Feb		19 67	
S. SEX	6. COLOR OR RACE	7. MARRIED NEV	ER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Days	Hours Min.	
Male	White	WIDOWED	DIVORCED	Sept. 3.	1905 61 Yrs.	monins bojs	Hours India.	
10a. USUAL OCCUPAT	ON (Give kind of work done	10b. KIND OF BUS	INESS OR	11. BIRTHPLACE (County	/ & State, or foreign country)	12. CITIZEN O		
Oler.	ng life, even if retired) K	Radio		Baltimo	re. Md.	COUNTRY	.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
Bernar	d von Karst	edt		Alice K	ing			
IS WAS DECEASED	CORDINATE CONTROL	14 SOCIAL SECT	URITY NO. 17.	INFORMANT	8305 RiA	Felv Oal	k Road	
(Yes, no, or unknow	n) (If yes give wor or dates of	215-10	0-8913MT	s. Rernar	d G. von Kar	rstedt	. 2000	
	DEATH (Enter only one couse			D. DOLLAR	4 41 102 1102	IN	TERVAL BETWEEN	
PART I. D	EATH WAS CAUSED BY:	07		cinomatosis		10	MOS MOS	
180	IMMEDIATE CAUSE (o		2000	OZZIONA OODIO				
Conditions, if a	ny, which gave) (b		nhroma (c	carcinoma) k	idnev	5	yrs	
nse to immed	iote cause (o),		Ditt Office (C	22101127				
last.	derlying couse (-0.1V		
	· · · · · · · · · · · · · · · · · · ·		UIT NOT PELATED TO	THE TERMINAL DISEASE CO.	NDITION GIVEN IN PART 1(a)	119	. WAS AUTOPSY	
6	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Malnutrition							
20o. ACCIDENT	WAS UNDERLYING	20b. DESCRIBE HOW	W INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 1B.)			
OR CONTRIBUTI	NG CAUSE OF DEATH							
3	NJURY Month, Doy, Yeor	20d. INJURY OCCU		ACE OF INJURY (Home, formatory, street, office bldg., etc.	m, 20f. (City or town)	(County)	(State)	
₹ 1001	p.m. 19		While Gar					
21. I ce	rtify that (1) (1919/19636)	(A) attended the	deceased fram_	11- 24-			that (I) (we) la	
sow the	deceased olive on FE	b. 6. 1	9 67, and the	at death occurred a	13:30pM, fram causes	and on the da	te stated abov	
22o. SIGNATU	RE MIL	10 1	_	ATTENDING -	MED. STAFF	22b. DATE SIG		
	Allevol	14 h M.	D, M	.D. PHYS.	DIRECTOR PHYS.	2-10-	67	
22c. PHYSICIA				22d. ADDRESS				
NAME (T	(pe) S.J. Ver	able, Jr	., M.D.	7215 Y	ork Road			
23o. BURIAL, CREMA	ATION, 23b. DATE THER	EOF 23c. NA	ME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or To	wn) (Count	ty) (State)	
BUTTAT	(ify) 2/11/	67 Mo:	reland N	Memorial P	k. Baltimore	Q0 - 1	Md.	
24. FUNERAL DIRE			DDRESS		D RY REGISTRAR . 25b RE	GISTRAR'S SIGNATU	BE Ouder	
2/18/	9//	521 Loch	Reven F	BI TANA DATE	FEB 14 1967	1 mark	and and	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then places remave carbon papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval and in any event, within 72 haurs after death. **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4)

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MADVIAND CTATE DEDADTMENT OF HEALTH

MARILAND STATE DEPARTMENT	OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET,	BALTIMORE, MARYLAND 2120

01980 CERTIFICATE OF DEATH and 2 ampletely filled in by the funeral ve carban papers. Pages 1 and Event, within 72 hours after deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY Baltimore MARYLAND CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Lansdowne Lansdowne d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS campletely filled 154 Clyde Avenue 154 Clyde Avenue 21227 21227 3. NAME OF Middle First Last 4. DATE Month DECEASED Wain, Sr. Elmer E. Feb. (Type or print) DEATH SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) DIVORCED X 10-13-80 and in any, Male White WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY Retired & O R.R Maryland

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremation, ar remayal, George Wain Emity Rumney WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service Mrs. Gertrude E. Crivelli-154 Clyde Ave No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO far use as the I stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) Hour o.m. Not While factory, street, office bldg., etc.) ot work 1962-10 Febr 21. I certify that (1) (this haspital) attended the deceased from Floring directar, page 3 shauld should be filed with the saw the deceased alive an and that death accurred at 11/36 AM, from causes and an the date stated above. DIRECTOR 22d, ADDRESS 2436 Washington Blvd. C. Arthur Rossberg, NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

law requires that the death signed by the burial-transit attending certificate has been be retained by the haspital ar PHYSICIAN: detached DIRECTOR: After this OR ATTENDING TO FUNERAL

be executed

certificate

pup

VR A15 (4)

23o. BURIAL, CREMATION

Burial

REMOVAL (Specify)

ADDRESS 24. FUNERAL DIRECTOR Howard H. Hubbard-4107 Wilkens Avenue 21229

23b. DATE THEREOF

2-17-67

23d. LOCATION (City or Town) (County) (State)
2930 Frederick Rd. Balto, Md.

2Sb. REGISTRAR'S SIGNATURE

21230

(County)

22b. DATE SIGNED #

Baltimore

Doy

14

Dovs

12. CITIZEN OF WHAT

21227

COUNTRY?

IF UNDER 1 YEAR

Months

e. IS RESIDENCE ON A FARM?

1967

Hours

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

NO X

(Stote)

YES NO K

Year

IF UNDER 24 HRS

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Ves. Jorganis E. Cristo M. C. Dennis Vec

C. Arriver M. reliebes, S. N. Bush Reliebes Aventral Co. 1995

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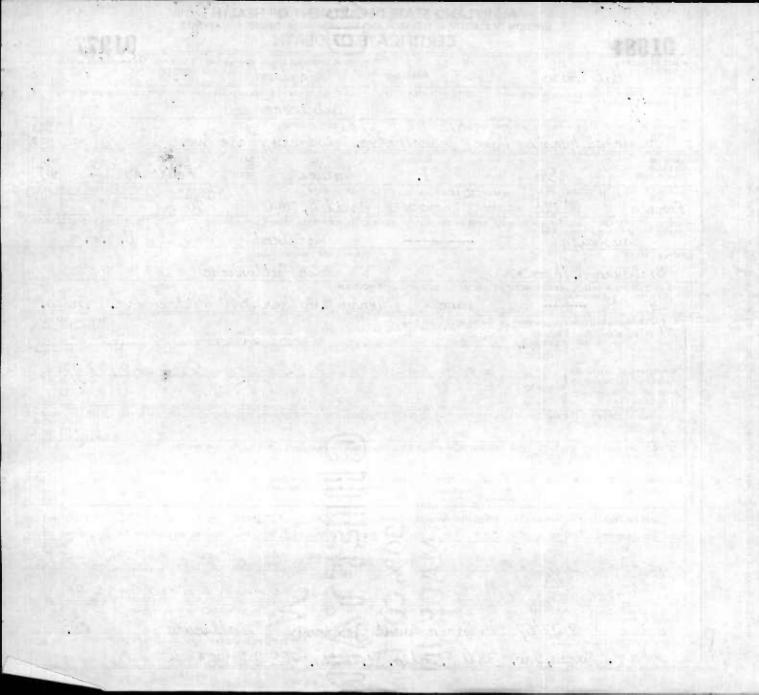
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DICOX

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

01077

01337					413	44
1. PLACE OF DEATH & Bal	timore	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Maryla	nere deceosed lived. If instituted b. COUN		are admission)
b. CITY OR TOWN (If or RURAL and give neare	utside corporate limits, wr est tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside corporate limits, write	e RURAL ond give ne	arest fown)
OR INSTITUTION	(If not in hospital, give st L Nursing t	"	d. STREET ADDRESS Ave. Rodgers	Forge Ave.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Alma	Middle 7.	Walker	05 +> 1	bruary 2	oy Year 4 167
Female	White WID	AARRIED NEVER MARRIED DIVORCED DIVORCED	April 4, 189		y) Months Days	R IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION during most of working House	life, eyen if retired)	10b. KIND OF BUSINESS OR IND	Maryla	nd	U. S.	A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N			
Norbourn	. A. Thomas			Uenkamp		
1S. WAS DECEASED EVER IN (Yes, no, or unknown) (If y	N U. S. ARMED FORCES? es, give wor or dates of service)		Henry M. Walke		rey Ave.	Balto.
Conditions, if ony, gove rise to imm cause (o), stating the lying cause lost.	under- DUE TO (c)	arferioza	lero fie lan	liv vasculasti	Circocc	82ps/
CATIC		ns <u>contributing to death</u> b				PERFORMED? YES NO
20g. ACCIDENT WAS U	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port 1 or Port II of item 1B.)		
20c. TIME OF INJURY Hour o. m. p. m.	. W	od. INJURY OCCURRED 20e. /hile Not while work of work	PLACE OF INJURY (Home, farn factory, street, affice bldg., etc	n, 20f. (City or town)	(County)) (Stote)
21. I certify that (1	rended the deceased from	death accurred at 3.3	77	/	hat (I) (we) last e stated abave.
220. SIGNATURE	rich J. Vo	Elmer	M.D. PHYS.	ED. STAFF	9	22b. DATE SIGNED 2-24-67
	RICK J.V	OLLMER	22d. ADDRESS 6100 10	ORK RD, BA	LTIMORE	, No.
23a. BURIAL, CREMATION, REMOVAL (Specify)	2/27/67	Green Moun	t Cemeteru	23d. LOCATION (City, tow	2	(State) Md.
24. FUNERAL DIRECTOR'S S John A.	Moran, Inc.	3000 E. Balto.	St. Balto DATE-F		EGISTRAR'S SIGNATU	use.



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE

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Office alang with form

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8. Give Pages

24 haurs after death.

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VR A15ME (5)

please execute the certificate,

CAL EXAMINER:

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	pe	r 10	
5 may be retained for your files.	TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the	Health or its designated agent, prior ta burial, crematian, ar remaval, and in any event Vithin	0.
0	TO F	Hec	

01982 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY b. COUNTY Baltimore Md. Balto. b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Owings Mills Reisterstown d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Risterstown Rd. & Pleasant Hill Rd. 17 Westminster Rd. YES NO DE 3 NAME OF First Middle last 4 DATE Month Year DECEASED 12, Charles E. Warren Feb. 67 (Type ar print) DEATH 5. SEX IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS NEVER MARRIED birthday) Sept. 27, 1906 Male White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind af wark done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during mast of warking life, even if retired) INDUSTRY Balto, Co. Md. Painter 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME James H. Warren Nora C. Towsend 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates of service 213-03-4803 Mr. Charles E. Warren Jr. Sykesville, Md. No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH
5 min. est PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Compound fractures both legs, middle third: DUE TO Fractured left femur; fractured cervical Conditions, if ony, which gave (b) vertebra: fractured skull. rise to immediate cause (a) DUE TO stating the underlying couse

> 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) Pedestrian crossing Reist. Rd. & struck by automobile 20d. INJURY OCCURRED 2 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County)

Reist Rd. Rd. at work 21. 1 certify that I taak charge of the remains described above, held an Autapsy

Inspection X,

Owings Mills Balto.

Inquiry X,

(Stote) Md.

19. WAS AUTOPS

PERFORMED?

CHIEF MEDICAL EXAMINER

Natural causes , Accident X, Suicide , Hamicide , Undetermined manner

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

6 Hanover Redies (Sheisterstown, Md.

22. DATE SIGNED

2-14-67

and in my apinian

NAME (Type) 23a. BURIAL CREMATION

ACTUAL

SIGNATURE

EXAMINER'S

20g. EXTERNAL CAUSE WAS

CAUSE OF DEATH.

PRIMARY I OF CONTRIBUTING

death resulted fram:

20c. TIME OF INJURY Month, Day, Year

23b. DATE THEREOF 2/16/67

D. D. Caples, M. D.

Feb. 12,967

23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill

23d. LOCATION (City or Town)

Owings Mills, Md. 2Sq. REC'D BY REGISTRAR

24. FUNERAL DIRECTOR

ADDRESS J. F. Eline & Sons Reisterstown, Md.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

25b. REGISTRAR'S SIGNATURE

A CONTRACTOR OF THE PARTY OF

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01983 CERTIFICATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY b. CITY OR TOWN (If outside corporate limits c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn), dan CATONSV e. IS RESIDENCE ON A FARM? INSTITUTION (If not in hospital, give street address d. STREET ADDRESS YES P NO 3. NAME OF First Middle 4. DATE Month Year DECEASED (Type or print) OF DEATH EDRUAR SW15 IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7 MARRIED AGE (In years NEVER MARRIED last birthdoy) Months Dovs WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Joseph WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) Haz-Owings INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO erio sclorosi's Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse MOCHITUS last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)

Hour o.m

ot work 21. I certify that (I) (this haspital) attended the deceased from, 196 saw the deceased alive an_

Not While

foctory, street, office bldg., etc.)

1967

(Stote)

_, 1967, that (I) (we) last

and that death accurred at 9 40AM, fram causes and an the date stated above. 22b. DATE SIGNED

M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S ST. HUSPITAL NAME (Type)

23o. BURIAL, CREMATION REMOVAL (Specify) BUVIA 24. FUNERAL DIRECTOR

22o. SIGNATURE

23b. DATE THEREO!

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

(County)

2So. REC'D BY REGISTRAR'S SIGNATUR

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the

and 2 death.

by the funeral Pages 1 and

ician and completely filled in by the fur lease remave carban papers. Pages 1 and in any event, within 72 hours after

rsician a

10 permit

burial crematian.

signed by the burial-transit

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.

The law requires that the death certificate be executed within 24 hours after death

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THE PERSON NAMED IN

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

019	84		CERTIFICAT	E OF DEATH	0	1980
a. COUNTY	H LTIMORE		MARYLAND	2. USUAL RESIDENCE (V	Where deceased lived, if institution: Resider b. COUNTY	nce before admission)
b. CITY OR TOW	N (If autside carporote limit	ts,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	tside carporate limits, write RURAL and giv	ve nearest town)
FORT	and give nearest town) HOWARD		18 DAYS	BALTIMO	ORE 21205	30.4
	PITAL OR INSTITUTION (If n	at in haspital,	give street address)	d. STREET ADDRESS		e. IS RESIDENCE
VETERA	NS ADMINISTI	RATION	HOSPITAL	1041 MC D	ONOCH STREET	ON A FARM? YES NO X
3. NAME OF		irst	Middle	Last	4. DATE Manth	Day Year
(Type ar print)	R	DBERT	L.	WEBSTER	OF FEBRUARY	14 19 67
. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER	
MALE	NEGRO	WIDOWED	DIVORCED	JULY 17, 19	07 Sast birthday) Months	Days Haurs Min.
a. USUAL OCCUPAT	ION (Give kind af work dane	10b. KI	ND OF BUSINESS OR		& State, ar foreign country) 12. C	ITIZEN OF WHAT
LABOREF	ing life, even if retired)	IN	IDUSTRY	WOODRUFF	, SOUTH CAROLINA	U.S.A.
. FATHER'S NAM				14. MOTHER'S MAIDEN M		
UNKNOW				ANNIE	MN: UNKNOWN	
S. WAS DECEASED	EVER IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO. 17	. INFORMANT	Address	
YES, na, or unknow	n) (If yes give war or dates	at service) 2	17 09 28 44 0	LIN. RECORDS,	VA HOSPITAL, FT HO	OWARD, MD.
1B. CAUSE OF	DEATH (Enter only one co	use per line far	(a), (b), ond (c).)			INTERVAL BETWEEN
PART I. [EATH WAS CAUSED BY: IMMEDIATE CAUSE	(OTT)		EFT MIDDLE CE	REBRAL ARTERY	ONSET AND DEATH
44.3	1	10				
	iny, which gave	(b) HY I	PERTENSIVE AR	PERTOSCLEROTI	C CARDIOVASCULAR	UNKNOWN
	iate cause (a), DUE	TO	DIASESE			
lost.)	(c)		BEN LEWIS		
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE COM	IDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
N N N N N N N N N N N N N N N N N N N			WITE THE PARTY			YES NO K
OR CONTRIBUT	WAS UNDERLYING NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter nature af injury in I	Part I ar Part II of item 1B.)	
	NJURY Manth, Day, Year			LACE OF INJURY (Hame, farm octory, street, affice bldg., etc.)		ounty) (State)
Huor	p.m. 19	While at wor		octory, street, affice blag., etc.)	-1-16	
21. I ce	rtify that (1) (this has		aca me accessed main-		9, ta 2/14/67, 19	, that (A) (we) la
	deceased alive an_	2/14/6	719, and th	nat death accurred al	O:OOAM, from causes and on t	
22a. SIGNATU				ATTENDING	MED STAFE	ATE SIGNED
	- + dans			M.D. PHYS.	DIRECTOR PHYS. 2	/14/67
22c. PHYSICIA NAME (T		FABAR	A, M. D.	22d. ADDRESS VAH F	ORT HOWARD, MARYLA	ND
23a. BURIAL, CREM		IEREOF	23c. NAME OF CEMETERY O	OR CREMATORY	23d. LOCATION (City or Tawn)	(County) (State)
BURLA	2-20	-6-/	BALTIMORE	NATIONAL	BALTIMORE, MARYI	TMD
24. FUNERAL DIRE			_1.			27/17
	CTOR		ADDRESS	2Sa REC'I	BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
Chroy	O. Walson	_	ADDRESS		BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in day event, within 72 hours after death. IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat Page 4 may be retained by the haspital ar attending physician.

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HEALTH DEPT

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TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health ar its designated agent, priar ta burial, cremation, ar remaval, and in any event within 72 haurs after death.

TO DEPUTY MESTAL EXAMINER:

VR A15ME (5)

any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files. This certificate shauld be executed within 24 haurs after death. If

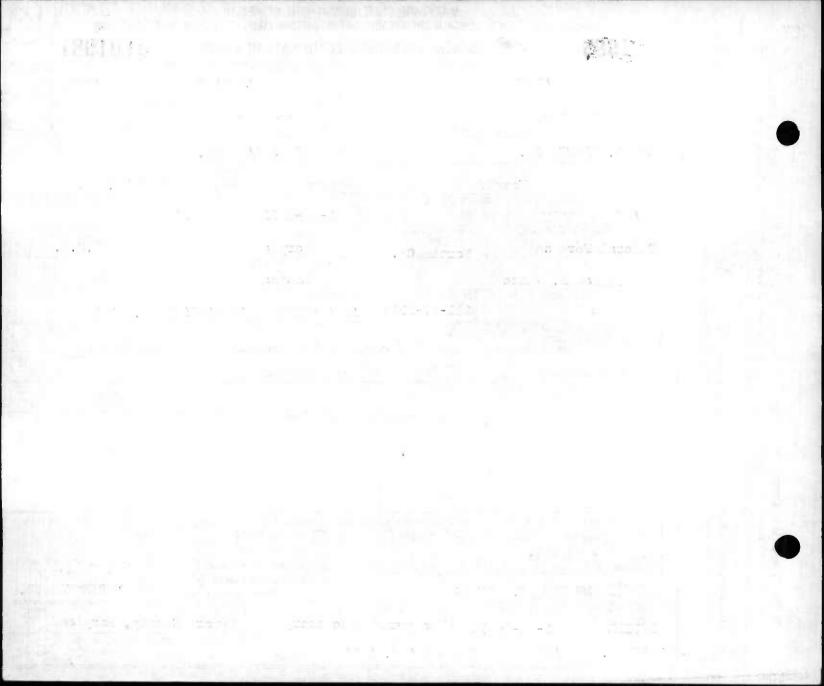
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01985 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01981

	PLACE OF DEATH O. COUNTY BALTIMORE MARYLAND				o. STATE	MARYLAND	ed, if institution: Resid b. COUNTY	ence before odmission) BALTIMORE		
		If outside corporate limit d give pearest town) E RIVER	s,	LENGTH OF STAY IN 15		OWN (If outside corporate firm	its, write RURAL and g	give neorest town)		
H		AL OR INSTITUTION (If no	nt in hospital, give	street oddress)	d. STREET AD			e. IS RESIDENCE		
a		ARTIN CO.			5823	OAKLAND RD.		ON A FARM? YES NO		
	3. NAME OF DECEASED		rst	Middle	Lost	4. DATE OF	Month	Doy Year		
L	(Type or print)		rold	R.	White	DEATH	FEBRUARY	. ,		
1	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIR			R 1 YEAR IF UNDER 24 HRS.		
	MALE	WHITE	WIDOWED] DIVORCED [□ 2-16-1	.913	53 yrs. Months	Doy's Hours Mill.		
0	during most of working General	(Give kind of work done life, even if retired) Foreman	INDU	OF BUSINESS OR STRY tin Co.	Mar	ACE (Stote or foreign country ryland	12.	COUNTRY?		
ı	13. FATHER'S NAME				21 11 11 11 11	MAIDEN NAME				
	Willi	am A. White	е		Lou	isa				
	1S. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	1	TAL SECURITY NO.	17. INFORMANT		Address			
	(7 c3, 110, 01 BIIKIIO WII)	(ii fes give wor or doles t	212	-07-5311	ANNA WHIT	E 5823 OAKL	AND RD. 2	21227		
	18. CAUSE OF DEATH (Enter only one couse per line for (1), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove) (b) INTERVAL BETWEEN ONSET AND DEATH									
ı	4201	DUE	TO #	-5 1	->					
1	Conditions, if ony rise to immediat	e couse (a)	107	3000	DISEA	ga				
	stoting the unde									
	last.	,	(c)							
) James Carrion	PART II. OTHER SI			1		ISEASE CONDITION GIVEN IN		19. WAS AUTOPSY PERFORMED? YES NO		
	200. EXTERNAL CA PRIMARY Or CO CAUSE OF DEATH.		20b. DESCR	IBE HOW MURY OCCUR	(Enter nature of	injury in Port I or Port II of	item 18.)			
47.00.00	20c. TIME OF INJU	10	20d. INJUI While of work	Not While	PLACE OF INJURY (F fectory, street, office		or town) (0	County) (Stote)		
	21. I certif	y that I took charge	e of the remoi		e, held on Autops	sy , Inspection	Inquiry (ond in my opinion		
	deoth result		ol couses 🔲,	Accident ,	Suicide, H	omicide, Undete	rmined monner [
	ACTUAL SIGNATURE	132	wis	my	M.D. ASSIS	F MEDICAL EXAMINER TANT MEDICAL EXAMINER	× 2/1/	22. DATE SIGNED 2/7/67		
	EXAMINER'S NAME (Type)	MELVIN B.	DAVIS			TY MEDICAL EXAMINER ess (Street, city, town, or cou	inty) 6800 MG	OKINGTON RD.		
	230. BURIAL, CREMATIC REMOVAL (Specify BURTAL)		23c. NAME OF CEMETERY Meadowridg			N (City or Town) County, 1	(County) (Stote)		
F	BURTAL 24. FUNERAL DIRECTO		1967	ADDRESS		2So. REC'D BY_REGISTRAR	2Sb. REGISTRAR'S			
]	HOWARD H.		107 WILK	ENS AVE. 2	1220	DATE FEB 10	Auto, ato, 6700 (2772 S)	rances Judge		



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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ALL VIX	(1
OTOC	<i>U</i> .

CERTIFICATE OF DEATH

01982

	PLACE OF DEATH			Vhere deceased lived, if i		e before odmission)
	a. COUNTY Baltimore	MARYLAND	o. STATE Maryland	b	COUNTY B	LT0-
	o. CITY OR TOWN (If outside corparate limits,	c. LENGTH OF STAY JN 1b		tside corporate limits, wri	te RURAL and give	nearest town)
	write RURAL and give nearest town) Towson	17 days	Baltimore	21212		304
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, a		d. STREET ADDRESS	KALKALKI		e. IS RESIDENCE
	t. Joseph Hospital		316 Radnor	Rd.		ON A FARM? YES NO
3. 1	NAME OF First	Middle	Last	4. DATE	Manth	Day Year
	DECEASED (Type or print) Harry	Blackwell	WHITE	OF DEATH	ebruary	1. 19 67
S. :		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In ye	ars IF UNDER 1	
	Male White WIDOWED		18,1	.897 6 9 st birthd		Days Hours Min.
duri		ND OF BUSINESS OR DUSTRY	North Caro	& State, ar fareign country)	12. CITI	ZEN OF WHAT
	FATHER'S NAME	111	14. MOTHER'S MAIDEN I		0 1	
	DAMERON B	While	SALLY	Ann	Bish	00.
IS.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16.: s. no, or unknown) (If yes give war or dates of service)	SOCIAL SECURITY NO. V. 1	NFORMANY	1/	Address	. /
(16	Yes WW Land Control of the service o	6-09-9647 MR	S HARRY	While	\mathcal{O}	Am P
	18. CAUSE OF DEATH (Enter only one cause per line for	(o), (b), and (c).)				INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	urrent carcinon	na of right	lung		ONSET AND DEATH
	163X DUF TO					
	Conditions, if any, which gave) (b) Stat	tus post left	neumonector	(1962)		
	rise to immediate cause (a), (Dur to				1 - 1 - 1	
	stoting the underlying cause (c)	minal bronchop	neumonia.			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T			IDITION GIVEN IN PART 1	(a)	19. WAS AUTOPSY
NO	TAKI II. OTIEK SIONITEANI CONDITIONS CONKIBOTING I	TO DEATH BOT NOT RECEIED TO	THE TERMINAL DISEASE CO.	DITION ON EN IN TAKE	.0)	PERFORMED?
R	an according that the province I	CONTRACTOR WILLIAM OCCURREN	(F-1	Death and Death of Street	(0.)	YES NO DE
CERTIFICATION	200. ACCIDENT WAS UNDERLYING ☐ 20b. DE OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	ran I or Port II of Item I	8.)	
MEDICAL	Hour a.m. While		CE OF INJURY (Hame, farmary, street, office bldg., etc.)		vn) (Cour	nty) (Stote)
2	p.m. 19 at war					
	21. I certify that (X (this haspital) attendant saw the deceased alive an 2/1	ded the deceased fram_ 19_67, and tha	1/14/ t death accurred at	9 <u>67</u> , ta <u>2/1/</u> 12:30M, fram ca	uses and an th	7, that (I) (we) last the date stated above.
	220. SIGNATURE	Out ind MI	ATTENDING	MED. STAFF	E 1 1 1 1 1 1 1	TE SIGNED uary 1,1967
	22c. Physician's	CH MI M.	D. PHYS. L. 22d. ADDRESS	DIRECTOR L_ PHYS.	MI T GDI	dary 1,1707
	NAME (Type) Fiorello G. Ma	alit, M.D.		k Rd., Tows	on, Md.	21204
230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City	or rionn)	(Caunty) (Stote)
1	SEMOVAL (Specify) 2-4-67	1 11 1	deemer	1Sal	limare	Md
24	FUNERAL DIRECTOR /	ADDRESS		BY REGISTRAR 2	Sb. REGISTRAR'S SIG	GNATURE
1	has tryanita	802 Harton	of 182 DATE	ECD 2 196	7 Och	welly Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar remove leard in any event, within 72 hours after death.

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range Parker of the Street Lieuthau.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	Poge 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	boo	Œ	
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	LACE OF DEATH					2. USUAL RESIDENCE	(Where dece			ke berek	odmissio	on) /
Q	. COUNTY B	altimore		MAR	YLAND	o. STATE	arvlar	b. 00	UNTY _			/
b	. CITY OR TOWN (f autside carparate limits,		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If			URAL and giv	e nearest	tawn)	
	altimo	l give neorest town)				Baltin	nore			31-1	/	
d		AL OR INSTITUTION (If not	in haspital, g	ive street oddress)		d. STREET ADDRESS		1 1 7 1		(ON A F	
	St. Jo	sephs Hospit	al			4312 Woo	odlea	Ave.		-	YES 🗌	
	IAME OF DECEASED	First		Middle		Lost	4. DATE		nth	Day	Ye	ar
(Type or print)	Theode	ore	Willi.		WHITE	DEAT	H Februar	v 13		19	67
S. S	EX		7. MARRIED	NEVER MARRIE	D 🔀 B	B. DATE OF BIRTH		9. AGE (In years last birthday)	Months	Days	IF UNDER Hours	
	male	white	WIDOWED	DIVORCE	D 🔲	February 1		γrs.			2	42
		(Give kind of work dane life, even if retired)		ND OF BUSINESS OR		Baltimore			12. (1	TIZEN OF	WHAT	
13.	FATHER'S NAME			3-1-1		14. MOTHER'S MAIDEN	NAME				-	
	Richard	A. White			200	June A. E	dwards	S				
1S. (Yes	WAS DECEASED EVE , no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of s	l6. Service)	none	17. 11	NEORMANT A	ECOR		dress		3	
	1B. CAUSE OF DI PART I. DEA' TTG. Conditions, if ony rise to immediot stoting the unde last.	e couse (a), (Pre	(a), (b), and (c).) maturity							ERVAL BET SET AND C	
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS COM	TRIBUTING T	O DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE (ONDITION G	IVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED? YES A NO		
MEDICAL CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. DES	SCRIBE HOW INJURY C	OCCURRED. (Enter noture of injury in	n Part I ar F	Part II of item 18.)	9.7			
MEDICAL	Hour o.r p.r	n. 19	While of work		facto	E OF INJURY (Home, fairy, street, office bldg., et	rc.)			unty)		(Stote)
	21. I certi	fy that 🔊 (this haspeceased alive an 📭	tal) attend	ded the deceased y 131967.	fram and that	rebruary 1, death accurred a	219 <u>67</u> ,	ta Februse	ry 18	67, th	at 🖎 (e stated	we) last l abave
	22a. SIGNATURE	Sum	50	nisal	D.M	. 11113.	MED. DIRECTOR	STAFF PHYS.		ate sign		1967
	22c. PHYSICIAN'S NAME (Type	Lawrence I	. Mis	anik, M.D.	•	22d. ADDRESS 7620 Yor.	k Rd.	, Towson	Md.	2120	4	
23a.	BURIAL, CREMATIC	ON, 23b. DATE THER 2/2/	EOF/67	23c. NAME OF CEM Mt. O			23d.	LOCATION (City or Baltin		(County)	,	nd
	FUNERAL DIRECTO			ADDRESS			C'D BY REGI		REGISTRAR'S			
M:	itchell	-Wiedefeld	l Home			Rd. DATE	B 2 A	1967	Charl	en y	remark.	
7	2177	se Balto) . , No	1. 21212				1001 //		11		

VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH -DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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FOR STATE		01988	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	01904
EALTH DEPT.		PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if instit	ution: Residence, hefore admission
lay is 1 3 ta Page ent af		PALTIM		JARYLAN)	
ath. It any delay ages 1, 2, and 3 ith farm PM3. Pa		 b. (ITY OR TOWN (If outside carparate lir write RURAL and give necrest town) TOWS ON 	imits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write R	RURAL and give nearest tawn)
T, 2, m P		d. NAME OF HOSPITAL OR INSTITUTION (IF	, //	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
ges 1, farm farm ate De		ST. JOSEPH		3101CHINGUAPIN	KWY YES NOW
he ke		NAME OF DECEASED (Type or print)	FIANK Middle	NIELAND 4. DATE OF FEB	2 / 1967
The given	S. :	DAIS 6. COLOR OR RACE	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	Months Doys Hours Min
Office 18		USUAL OCCUPATION (Give kind of work do ng mast of working life, even if retired)	one 10b. KIND OF BUSINESS OR	1/ BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Re	t. Supv. of Transp	portation- Gunthers Br	rewry Baltimore	COUNTRY? U.S.A.
na le		John Wieland		Pauline Wells	
	1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCE s, no, or unknown) (If yes give war or dote	tes of service)		dress
executed anding" if Medical 1 within 72	N			Marguerite Wieland 5707	Chinquapin Pkwy.
d be executed "pending" if the Medical Transit permit.		1B. CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY:	1 0 00 12	May hour	INTERVAL BETWEEN ONSET AND DEATH
rd "pe Chief transit event		4201 IMMEDIATE CAU	DUE TO	The war	- Jeffey
shauld be e te ward "per a the Chief I burial-transit		Conditions, if ony, which gove rise to immediate couse (a),	(b) (pronary	1 SUCKJENES	1 6 year
o ± + ± o		stoting the underlying couse lost.	OUE TO Dred /	Schycardia"	
writ arwal used used aval,	VIION	PART II. OTHER SIGNIFICANT CONDITIONS	IS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
# 문 음 등	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED). (Enter noture of injury in Part I ar Port II of Item 1B.)	
EXAMINER Lute the cer age 4 shau yaur files. Page 3 sho crematian,	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m.		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	(County) (Stote)
L EX cecut Pag far y R: Po			arge of the remains described above, h	neld an Autapsy 🔲 , Inspection 🔲 , In	quiry, ond in my apini
director. Po director. Po stained far DIRECTOR: ta burial,		deoth resulted from: Natu	tural couses Accident , Su	icide Hamicide , Undetermined	monner
please director director DIRECT		ACTUAL MALE	la Han march	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	27: DATE SIGNE
ry, eral be be prio		SIGNATURE CONTROL EXAMINER'S	19 19 min	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	2/./
S T S T S		NAME (Type) CHARLES F	F. O'DONNELL, M.D.	Address (Street, city, town, or county)	14/67
the S m S m Hea	230	BURIAL, CREMATION, REMOVAL (Specify)		R CREMATORY 23d. LOCATION (City or	Town) (County) (State)
WE ATENE IS NO	24	ELINIEDAL DIDECTOD	ADDOCCC	1 250 DEC'D BY DECISTRAD 1 256	REGISTRAR'S SIGNATURE
VR A15ME (5)		Loring Byers-8728	Liberty Rd. Randallst	own, Md PATEFEB 2 7 1967	Charles Judge
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AND DESCRIPTION OF THE PROPERTY OF THE PROPERT

Lorenza (yest-1755 Mileses W. Lener March, W. Comp. To the Comp.

24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

TO FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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0120		•======================================		0. –	0.	2000			
PLACE OF DEAT a. COUNTY	TH			2. USUAL RESIDENCE (WI a. STATE	nere deceased lived, If Institution: F b. COUNTY	Residence before admission)			
	Baltimore,	MARYLA		Maryl	and de corporate limits, write RURAL	JE / Particular			
b. CITY OR TO	WN (if outside corporate lim L and give nearest town)	its, c. LENGTH OF STAY II	N 16			and give nearest town)			
Forl		Life		Fork, Maryla	md 21051	02-1			
d. NAME OF HO	OSPITAL OR INSTITUTION (IF	not in hospital, give street add	ress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
	Box 498 Stone	y Batter Road		Box 498 Stoney Batter Rd. YES NO NO					
3. NAME OF DECEASED (Type or print)	Hermo	m Henry	ι	20119	DATE Month OF DEATH February	13 6 /			
5. SEX	6. COLOR OR RACE 7. N	MARRIED NEVER MARRIED [] 8.	DATE OF BIRTH	9. AGE (In years IF UNDER last birthday) Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.			
M	WW	IDOWED DIVORCED	5	130/1886	80 yrs.	Days Hours Will.			
10a. USUAL OCCUPA	ATION (Give kind of work done	10b. KIND OF BUSINESS OR		11. BIRTHPLACE (County &	& State, or foreign country) 12. C	ITIZEN OF WHAT			
Flor	king life, even if retired)	Own Business		Baltimore	Co. Maryland	OUNTRY? S.A.			
13. FATHER'S NA		OWIL DUDING		14. MOTHER'S MAIDEN NA					
201 11111211 0 1111	Martin Wi	111g			Margaret Knox				
15. WAS DECEASED	DEVER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17.	NFORMANT	Address				
	(If yes give war or dates of servi	ce)	Mrs	John H. Willi	ig Box 498 Stone	ev Batter Rd			
No	C DEATH (France cally one con-	to not line for (a) (b) and (a)		00121 119 11222	6 2011 470	I INTERVAL BETWEEN			
	DEATH WAS CAUSED BY:	se per line for (a), (b), and (c).	1	-1		ONSET AND DEATH			
PART I. I	IMMEDIATE CAUSE (a)_	Acute conor	nay	y Ihromb	DSIS	immediate.			
4201	DUE TO	1. 0		-		- 1 3 × C = 1			
Conditions, If		generalized		arterioscle	rosis				
gave rise to						171031-111			
underlying car									
PART II. OTHER		ONTRIBUTING TO DEATH BUT NO	TRELAT	ED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?			
ICA						YES NO			
PART II. OTHER DE CONTRIBU OR CONTRIBU (IF EITHER, N	T WAS UNDERLYING TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY	OCCU	RED. (Enter nature of Injur	y In Part I or Part II of Item 18	3.)			
₹ 20c. TIME OF	F INJURY Month, Day, Year	20d. INJURY OCCURRED 20		E OF INJURY (Home, farm,	20f. (City or town) (Co	unty) (State)			
20c. TIME OF Hour a		While Not While	factor	y, street, office bldg., etc.)					
	o.m. 19	at work at work		2 1 1 2 2017	7 . 0 . 4) 0 . 2 7 10	that //\ /wa\ lash			
	lify that (I) (this hospital)	attended the deceased fro	m d that	death occurred at 11:15	7, to <u>Cleseur</u> , 19 AM, from the causes and on	the date stated above.			
22a. SIGNAT	COCCOCC ATTTO CTI	A A	u cirac	doden obbonios si n	22b.	DATE SIGNED			
Ph	ullis K. Pu	llen	M.D.		TOR PHYS. 2	23/67			
22c. PHYSIC NAME ((Type)			22d. ADDRESS 	Routel Kingsu	ville Md			
OO DIDIAL ODS		Pullen EOF 23c. NAME OF CEN	IETEDV	1307 301	3d. LOCATION (City, town or co				
23a. BURIAL, CRE REMOVAL (S	pecify)			n. Cemetery	Fork, Baltin	11.7			
24. FUNERAL DI		ADDRESS	3	A LOW SHOP D	Y REGISTRAR 25b. REGISTRAF	17 4 h			
face of	La s. S.	Jone 7401 Bd	0	REAL DATE FEB	27 1967 Julian	les judge			
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and to apprevent, within 72 hours after death.

VR AIS (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
a. COUNTY BALTIMORE MARYLAND	BALTIMORE D. COUNTY BALTIMORE
	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
EBMC HODIAN 40 Dun	TIMONIUM, Md. 21093 03.1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AOORESS e. IS RESIDENCE
The state of the s	241 EAST TIMONIUM ROAD YES NO
3. NAME DF DECEASED First Middle	Last 4. DATE Month Oay Year
(Type or print) / 2 / 1 =	Ni/mo/ DEATH 2 - / 1967
7. MARRIEU NEVER MARRIEU	DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS.
THE WISHIES DIVERGES	0:35 P. m
during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE	THIP DEPHIA PENN USH
	ARRICEL LOWELY Address
(Yes, no, or unkown) (If yes give war or dates of service)	IFORMANI I AUUTESS
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	WYOUL OFFIEE
PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND OEATH
200 IMMEDIATE CAUSE (a)	pisotory faduse
Conditions, If any, which \ (b) Posseposeeum	10 A.
gave rise to Immediate	
cause (a), stating the DUE TO underlying cause last.	~46
	O TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
FICAT	PERFORMED? YES NO
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 20a. ACCIOENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of Item 18.)
101	OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While factory,	OF INJURY (Home, farm, street, office bldg., etc.) (Clty or town) (County) (State)
Blour a.m. 1967 at work Not While at work at work	street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	
21. I certify that (I) (this hospital) attended the deceased from	
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 19, and that deceased signature. M.D.	, to, tat (I) (we) last leath occurred atM, from the causes and on the date stated above.
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 19, and that deceased signature.	treet, office bidg., etc.) , 19 , to , 19 , that (I) (we) last leath occurred at , M, from the causes and on the date stated above. ATTENDING MEO. STAFF 22b. OATE SIGNEO
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 22a. SIGNATURE 22c. PHYSICIAM'S NAME Type) 23a. BURIAL, CREMATION, 23b: DATE THEREOF 23c. NAME OF CEMETERY OF	, 19 , to , 19 , that (I) (we) last leath occurred at M, from the causes and on the date stated above. ATTENDING MEO. OIRECTOR STAFF 22b. OATE SIGNEO PHYS. OIRECTOR PHYS. 2 -/-6 7
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 19, and that de 22a. SIGNATURE 22c. PHYSIC MATERIAL (SIGNATURE) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF REMOVAL (Specify)	street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 22a. SIGNATURE 22c. PHYSICIAM'S NAME Type) 23a. BURIAL, CREMATION, 23b: DATE THEREOF REMOVAL (Specify)	street, office bldg., etc.) , 19, to, 19, that (I) (we) last leath occurred atM, from the causes and on the date stated above. ATTENDING
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 22a. SIGNATURE 22c. PHYSIC MATES NAME (Type) 23a. BURIAL, CREMATION, 23b: DATE THEREOF REMOVAL (Specify) SAZ 2/167 SAZ 2/167 REACH VAIICY REMOVAL (Specify)	Street, office bldg., etc.)

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0199	1	CERTIFICATI	E OF DEATH	01	987
a. COUNTY	Baltimore	MARYLAND	CTATE .	Where deceased lived, if institution: Resideral b. COUNTY	ence before odmission)
	N (If autside carparate limits, ond give neorest town)	c. LENGTH OF STAY IN 16		tside corporate limits, write RURAL and g	
d. NAME OF HOS	PITAL OR INSTITUTION (If not in has St. Joseph Hos		d. STREET ADDRESS	Dumbarton Rd. Apt	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Edwar	Middle d Nicholas	lost Witler	4. DATE Month OF DEATH Feb.	Day Year 27 10 19 67
S. SEX Male	6. COLOR OR RACE 7. MAR White WIDO	47	8. DATE OF BIRTH 3-16-99		R 1 YEAR IF UNDER 24 HRS
during most of work	ing life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTRY Insurance Broker	11. BIRTHPLACE (County Baltimo		COUNTRY? U.S.A.
	Edward Nicholas			illiams	
15. WAS DECEASED (Yes, no, or unknow NO	EVER IN U.S. ARMED FORCES? n) (If yes give war ar dates of service		INFORMANT M. Agnes Wit	ler 116 Dumbarton	Road
	DEATH (Enter only one couse per li DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		heart disea	se -myocardial	INTERVAL BETWEEN ONSET AND DEATH
	DUE TO Iny, which gave (b)			infarction	
stating the un last.	derlying cause (c)				
PART II. OTHER		ting to death but not related to Carcinoma of colo		NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTI	WAS UNDERLYING ☐ 2 NG ☐ CAUSE OF DEATH IFY MEDICAL EXAMINER)	0b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar Part II of item 18.)	
20c. TIME OF Hour	a.m.	20d. INJURY OCCURRED 20e. PLA While Not While fac	ACE OF INJURY (Home, farm tory, street, office bldg., etc.)	n, 20f. (City or town) (C	County) (Stote)
saw the	rtify that (I) (this haspital) deceased alive an Feb.	attended the deceased from I	reb 25 th , 1 at death accurred at	1967 , ta Feb. 27 tb , 19 5:35 A M, fram causes and an	the date stated abov
22a. SIGNATU 22c. PHYSICIA	lenio Ve	uturs M	D. ATTENDING PHYS.	MED. DIRECTOR STAFF PHYS. Feb	• 27,1967
NAME (Ty	Melencio V		7620 Yor	k Road, Towson, Md	
23a BURIAL, CREMA REMOVAL (Spe Burial	Mar. 2, 1	23c. NAME OF CEMETERY OR Park (Cemetery	23d. LOCATION (City or Town) Baltimore Mary]	
24 FUNERAL DIRE		Park Heights Ave		MAR 2 1967 REGISTRARY	SIGNATURE Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

> VR A15 (4) 20 M 1/66

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0.00-131-00 C. Ant. The governor was a Application of the contract of The state of the second line of the first states and the far before the Difference and a second by the best of the bright. Western and the second of the Santy St. 12, 1909 Loudon Wards Lands and Company 12 1912 Land

Absent September 1997

Toya enderell specialist

FOR STATE HEALTH DEPT.

EXAMINER: This certificate should be executed within 24 hours after cath. If any delay cessary, execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to be funeral page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. retained for your files. please execute TO DEPUTY MET director.

> VR AISME (5) 5M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND
1192 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| 2. USUAL RESIDENCE (Where deceased lived, 1f Institution: Residence before the state of the

0133	4										
1. PLACE OF DEAT	Baltimore		MARYLA	AND	2. USUAL RESIDE			If Institution:			mission)
Sparrov	NN (if outside corporate li L and give nearest town) S Point		Hours ??		c. CITY DR TOWN	(If outside le Ri		its, write RUR	AL and glv	e neares	t town)
d. NAME OF HO	SPITAL OR INSTITUTION (f not in hospi	tal, give street add	dress)	d. STREET ADDRES				0	. IS RES	IDENCE
Plant I	Dispensary /	Sett	Steel		37 St	abili	zer Dr.	#20	Y	destroite	ND X
3. NAME OF DECEASED (Type or print)	First Emory		Middle Lindley	7	Wolfe	Ol	ATE EATH	Month 2	7	Yea 19	7
5. SEX Male	White	MARRIED 🛣	NEVER MARRIED DIVORCED	_	DATE OF BIRTH		9. AGE (In last birt)	years IFUNDE nday) Months yrs.	R 1 YEAR		
Foreman		INDU	OF BUSINESS OR STRY Making		11. BIRTHPLACE Pennsyl			12.	COUNTRY S	?	
13. FATHER'S NAM					14. MOTHER'S MA						
Emor	y Wolfe				*******	Carte	_				
(Yes, no, or unkown) No	EVER IN U.S. ARMED FORCE (If yes give war or dates of service) NO	178-	O7→3185	Vir	nformant (Wif			Address Md.		220 ddle	Rive
18. CAUSE OF PART I. D	DEATH [Enter only one ca EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	se per line i	for (a), (b), and tox onary-Arte	sell	-sclerioti				INTER	RVAL BET	TWEEN
Conditions, If gave rise to	any, which \ (b)	dise	ease.			400			St	tat	
cause (a), s	stating the DUE TO										
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTIN	IG TO DEATH BUT NO	THELAT	ED TO THE TERMINA	L DISEASE	CONDITION GIV	EN IN PART 1(a) 19. YES	WAS AU PERFORI	
20a. EXTERNA PRIMARY OF OF CAUSE OF DEA	AL CAUSE WAS CONTRIBUTING IN	0		1	RED. (Enter nature		n Part I or Pa	rt II of Item 1	18.)		
Hour a.	INJURY Month, Day, Year .m. 19	While at work	Not While at work	e. PLAC factor	E OF INJURY (Home, y, street, office bldg.	, farm, 20 ., etc.)	of. (City or to	wn) (C	ounty)	(S	State)
	y that I took charge of	the remain		e, held Suid			ction , , Undeterr	Inquiry 🗷		in my t	opinion
ACTUAL SIGNATURE	mor) av	W		CHIEF MEDIC _M.D. ASSISTANT N	MEDICAL E	KAMINER [DATE S	
	elvin B. Davi				DEPUTY MED Ornington				L222	2-7-6	
Burlal	MATION, 23b. DATE THEF 2/11/67	REOF 2			Park Cem,		LOCATION (C	Baltimo			ate)
John J. Di		e Ave.	Dundalk,	Md.	25a. I	FEB	egistrar 25 9 196		ir's signi		

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remoye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
TOWN #11 INFO TAKEN FROM CERTIFICATE OF DEATH

		0000
1. PLACE OF DEATH GREATER Baltio. Medical Cent	an addition (ministration) in motivation	esidence parare admission)
BALTIMORS MARYLAND	a. STATE b. COUNTY	Dalta
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (V outside corporate limits, write RURAL	and give nearest town)
write RURAL and give nearest town)	111, - 11 3/1	20 1
	WHITEHALL, MID.	1 a la proipeuse
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADORESS	e. IS RESIDENCE ON A FARM?
GREATER BALTIMORE MEDICAL CENTER	Me Comas 100AD	YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) BADY WOODWAF	DEATH 2	17 1967
5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO	1 - 4 - 1 - 4 - 3	YEAR IF UNDER 24 HRS.
MAKE Whits WIDOWED DIVORCED	2-17-67 last birthday) Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	Towson, Balto, Co.	OUNTRY?
13. FATHER'S NAME	1 14. MOTHER'S MAIOEN NAME	
- heer / /1/ >	12 1 1 1 1	
SEPH V. WOODWARY	BORBARG GELSTON	
15. WAS DECEASED EVER IN U.S. ARMEDFORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address	
18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]	4 4	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	121.0	ONSET AND DEATH
IMMEDIATE CAUSE (a)		2 000
DUE TO	0	
Cenditions, If any, which gave rise to Immediate (b)		
cause (a), stating the OUE TO		
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO?
CA		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUTNOT RELIGIOUS CONTRIBUTING TO GEATH BUTNOT RELIGIOUS CONTRIBUTING TO GEATH CONTRIBUTING TO CAUSE OF GEATH CONTRIBUTING TO CAUSE OF GEATH CONTRIBUTING TO GEATH BUTNOT RELIGIOUS CONTRIBUTING TO GEATH GOVERNMENT OF GENERAL CONTRIBUTING TO GEATH GOVERNMENT OF GENERAL CONTRIBUTING TO GENERAL CONTRIBUTION T	URRED, (Enter nature of injury in Part I or Part II of Item 18.	
OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	ACE OF INITIDY (Home form OOF (Other or hours)	nty) (State)
	ACE OF INJURY (Home, farm, 20f. (City or town) (Cou ory, street, office bldg., etc.)	nty) (State)
p.m. 19 at work at work		
21. I certify that (I) (this hospital) attended the deceased from	2-17 1967 to 2-17 196	7. that (I) (we) last
	it death occurred at 4:36 CM, from the causes and on the	
22a. SIGNATURE		ATE SIGNEO
C. Simmon	ATTENDING MEO. STAFF	-17-17
M.I	D. PHYS. DIRECTOR PHYS.	4 (
NAME (Type) C. Simmons	Curley 120 Sh 7110 1	ouder
	- Caper 1 total	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or cou	(State)
CREMATION 7/30/6/ 5.12.11.C	lowser T,	Mai
24 FONERAL DIRECTOR AOORESS		S SIGNATURE
Your C. Adams M.V. GAM	C. OATE 2 3 1967 goliante	Judge "
7-224121	1 3/116	()
• /- 6 / 7 !		

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WARRENGE VD.

LEADE S. WHEDWARD

C Simmins

GENATUR FORES G. B. H.C.

Oreafer Holes Weed Center

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 01994 executed within 24 haurs after death death funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) BALTIMORE o. COUNTY b. COUNTY MARYLAND by the f Pages b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) CATONSVILLE filled in I d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? CATON RIGGE NURSING HOME YES NO Y 3. NAME OF Middle DATE Month carban OECEASED OF OEATH CODERTA ZIEGLER 19 6 (Type or print) S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** B. DATE OF BIRTH remave lost birthdoy) Months DIVORCEO and in any and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT BIRTHPLACE (County & Stote, or foreign country) that the death certificate be please during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) 0 signed by the atter burial-transit perm burial, crematian, o 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) ONSET AND DEATH PART I. OEATH WAS CAUSED BY: Brouchus IMMEDIATE CAUSE (o) physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse attending Demention (C.B.S. has been etached far use as the Dept. af Health priar ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY ATTENDING PHYSICIAN: The CERTIFICATION PERFORMED? Mellitus - Miatus Herviga- Old Fx. RT Feweral New YEST Page 4 may be retained by the hospital ar this certificate 20o. ACCIDENT WAS UNDERLYING [7] 20b. OESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH be detached State Dept. af (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased from , 19 63, to_ 2-12-19 67, that (1) (we) last 5-3sage 3 shauld be filed with the S 2 - 12-1967, and that death accurred of 12 AM, from couses and an the date stated above. saw the deceased alive on_ 22o. SIGNATURE 22b. OATE SIGNEO STAFF PHYS. 2-12-67 M.O. DIRECTOR PHYS. directar, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S CAVERO NAME (Type) CESAR 8629 LIBERT 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)

2Sb. REGISTRAR'S SIGNATURE

DATE

Charles

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24. FUNERAL OFRECTOR

BY TOWN AND DESIGNATION SETTING SETTING OF THE OPENING SET AND A SERVICE SETTING WAS ACE O COSCO SE CONTRA MARIA PO ROMANCIO DE LOS AND THE RESIDENCE OF THE PARTY CANADA TO A STATE OF THE STATE TO BE THE REPORT OF THE PROPERTY OF THE PROPER

ALCOHOL BUT TO THE PROPERTY OF THE PARTY OF

11.00

FOR STATES HEALTH DEPT.

delay is and 3 to PM3. Page with the State Department of necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with farm P 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File page Health priar ta burial, crematian, ar remaval, and in any event within 72 haurs af

.AL EXAMINER: This certificate shauld be executed within 24 haurs after death.

TO DEPUTY ME

MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS, 301

01995

MEDICAL EXAMINER'S CERTIFICATE OF

-81				and the second second						7	-
4	1. PLACE OF DEATH	11 10 110			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)						
	o. COUNTY Bal	timore		MARYLA	ND	o. STATE Maryland b. COUNTY Baltimore					
		If outside corporate limits	j,	c. LENGTH OF STAY IN	-	c. CITY OR TOWN (If our	-	limits, write RUF	RAL and give	neorest tawn)	
		d give nearest tawn)				, ,				12.	,
	Rall	cimore High	Baltimore Highlands d STREET ADDRESS e IS RESIDENCE								
				2 0 1	0 0		ON A	FARM?			
9		3 Oak Grove	281		Grove R		YES	NO 🔀			
	3. NAME OF DECEASED	Fir	Lost	4. DATE OF	Mont	h	Doy Y	ear			
	(Type or print) WILLIAM					ZOUCK	DEATH	Febr			67
	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9.	AGE (In years lost birthdoy)	Months 1	Doys Hours	ER 24 HRS.
	Male	White	WIDOWED	DIVORCED :		8-31-1907		59 yrs.	MOITINS	Doys	mul.
		N (Give kind of work done		IND OF BUSINESS OR		11. BIRTHPLACE (Stote	or foreign cou	ntry)		ZEN OF WHAT	
	during most of working		IN	IDUSTRY		Maryla	nd		COL	INTRY?	
	13. FATHER'S NAME	perator				14. MOTHER'S MAIDEN N					
	Fra	nklin II 70	u ole								
		nklin H. Zor		SOCIAL SECURITY NO.	17 1	Elizabeth Gardner					
		Ves no an unknown) ((figure aire une es detec et conice))									
1		139-03-2080 Mr. Howard L. Houck, Huntington, West Va.									
	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: Massixo Corobollar Homorphase								ONSET AND		
	TAKI I. ULA	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Massive Cerebellar Hemorrhage ONSET AND DEATH									
	331X	331X DUE TO									
		Conditions, if ony, which gove (b)									
		rise to immediate couse (a), stating the underlying couse DUE TO									
	last.	lost. (c)									
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS A										
1	200. EXTERNAL CO	PERFORMED? YES X NO								NO T	
	200. EXTERNAL CA	AUSE WAS	20b. DE	SCRIBE HOW INJURY OCCU	JRRED.	(Enter nature of injury in F	Port 1 or Port	I of item 1B.)		1 877	
	PRIMARY Or CO	INTRIBUTING 🗆				(2000)					
	S 200 TIME OF INI	URY Month, Doy, Yeor	204 11	NJURY OCCURRED 2	no DI Ai	E OF INJURY (Home, form	. 20f.	(City or town)	(Cou	ntu)	(Stote)
	20c. TIME OF INJ	m.	While			ory, street, office bldg., etc.)	, 201.	(City of town)	(000	my)	(31016)
7	p.	m. 19	ot war								7.00
	21. I certif	21. I certify that I taok charge of the remains described above, held an Autapsy 🕱, Inspection 🗍, Inquiry 🗍, and in my opinion									
	death resul	death resulted fram: Natural causes x, Accident Suicide , Homicide Undetermined manner									
	ACTUAL	11/		- //		CHIEF MEDICAL	EXAMINER [2 ± 40
Н	ACTUAL SIGNATURE	100	ulle	werk.		M.D. ASSISTANT MEDI	CAL EXAMINES	X		22. DAT	E SIGNED
	EXAMINER'S	Rudiger	Breiter	necker, M.D		DEPUTY MEDICA	L EXAMINER			2/9/	67
7	NAME (Type)	/	DECTUC.	7		Address (Street	city, town, o	county)		2131	07
	230 BURIAL, CREMATI		REOF	23c. NAME OF CEMETE				ATION (City or To			(Stote)
0	REMOVAL (Specify Burial	2-11-1	967	Loudon Par	k Ce	emetery	Balt	imore,	Mary la	and	
	24. FUNERAL DIRECTO			ADDRESS		2So. REC'D	BY REGISTRA	R 2Sb. RE	GISTRAR'S SI	4	
1	Howard H.	Hubbard, 4	107 Wi	lkens Avenu	e	21229 DATE	FEB	1 4 1967	20	liantes	Judge
							A 400 mm	- IN 194 M	15	V	F. P.

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